DURATION

13	4				
-		Diat.		21	0
	Reg.	Diat.	No.	 4	

			CERTIFICA	IE OF DEATH		Reg. Diat. No	210
1. PLACE OF DI	Annenol	Arunde 1s			County	DECEASED: other) Anne Arun	del
How long in above place Hospital, Institution,	or of death? or sireel addrese where de lashington S	eath occurred	:	Annapolis  (if outside city or town limits, write RURAL and give nearest town)  31 Washington Street  (If rural, give LOCATION)			
How long in hospital	or institution?		***************************************	.   2.(α) if veteran, name war			
3. (a) FULL NAM	Mary Duval					3. (b) Social Security None	Number
4. Sex Female	5. Color or race Colored	6.(a)Single	e, married, widowed, or divorced	20. DATE OF DEATH.		RTIFICATION 19 H	., at
6.(b) Name of hueban 7. Birth date of deceased (mo., dey	od or wife	6.(4	e) If allve, give ageyear	21. I CERTIFY That death occurred on	11. date above	e stated; that aftended dece	19. DURA
8. AGE: 84 Yes		Daye 5	if less than one day			Cardino	Sura
9. Birthplace	Bowie Maryla (Town, Housewife	ounty, and s		Due to.	Religi	010	k.3
11. Industry or buein	Gaberial Bowie Mary		L	Diher conditions	ey within 3 mc	onths of death)	
HLOW 15. Birthplace	Unknown Bowie Ma	rylan	i .	Major findings of operations	1	Date of op	
16. Informant	Samuel Adams 31 Washingt		raat	Autopsy results		***************************************	
Address Buria  17. (Burial, cremati	on, or removal. Which?)	Date lher	12-11- 1946 (month) (day) (year)	22. VIOLENCE: If death was due to Accident, suicide, or homicide		Date of	(State)
	est Street I	Extend	ed	Injured at home, farm, industry, put	blic place (whe	ere?)	*******
18. Funeral director	Mrs. Charle	*****************	•••••••••	Meane of Injury	Jan w	injured at work?	an
	10, 19 4 b	-	Registr	23. SIGNATURE.	a A	M. D.  Date signed	10210

MARGIN RESERVED FOR BINDING

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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WRITE PLAINLY, is especially

PLEASE

DEC 11 1946

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2411 N. Charles St., Baltimore 46-2

#### CEDTIFICATE OF DEATH

	CERTIFICATE OF	DEATH	Reg. Dist. No
County	and give nearest town)  City or to	OWN. County de city of town limits, w	write RURAL and give nearest (wm)
3. (a) FULL NAME George	Howard le	moss	3. (b) Social Security Number
Male White White W.		MEDICAL CER OF DEATH	RTIFICATION
6.(b) Name of husband or wife Usola 20  7. Sirth date of deceased (mo., day, yr.)  The control of the control o	e, give age yeare 1882	ITIFY that death occurred on the date above	16 10 Dec/8 18-56
8. AGE: Years Months Days If le	ese than one day	Egyptime Bema	whose \$1242
1D. Usual occupation. (Toyth, county, and state)  11. industry or business a Lo. Matter	2 S Due to.		
12. Name Gent H. Cland H.	Other con	(Include pregnancy within 3 mo	Sharof death)
14. Maiden name Mare Pron	nd.	ndings of operations CM.	
Address Coff Station On	ecaboli Mid. PHYSICI	results	h death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory	(month) (day) (year) Accident,	suicide, or homicided injury occur?	Date of
Location Location	1	t home, tarm, industry, public place (wher	
18. Funeral director	22 SIGN	HATUR Some house	
19. Dec. 2 19 46	O, O KRegistrat Address.	Carped med	M. D. or other Date signed 12/15/4/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



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PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH

11700

CERTIFICA	Reg. Dist. No.
County  City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME James and	
James Unice	won
Male While Midower	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife. Mary E. Cinderson. 6.(c) If alive, gife, age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 45, to 19.
T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  8. Birthplace	Implement Cause of death DURATION
10. Usual occupation Ret Cival Service  11. Industry or business 4. 5 7. Academy Annapolis  12. Name Mulpholis	Due to
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Mukanown  15. Birthplace	Major findings of operations
16. Informant. I Sernard Underson. Address 92 Conduct St. Amasoli 24d	Autopsy results
(Burial, cremation, or removed, Which?)  Date thereof D. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Communication Communi	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
Address MacCofeel 244	23. SIGNATURE Lange Basel M. D. or other
19. Dec. 30 19. 46 Tomuch	M. D. or other 12. 29. 3

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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

# 2411 N. Charles St., Baltimore (33) CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of motter)
County Creek	State Mary land coulding arendel
City or town	State County Cou
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, wite RURAL and give neares town)
Hospital, institution, or street address where death occurred:	142 TH anti-000- 140
	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	12/1\C:1C:NI
Margaret E.	Black 3. (b) Social Security Number
Margare 6.	acuce
E (a) Single married widowed or diversed	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale Well Midden	20 BATE OF OFATH DEC - 20 1846 of 4 1 M
Torrect Torcardo	20, DATE OF OEATH. NEC 1946, at 4 1 M
8(h) Name of husband or wife Col Noger D. Black	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
6.(c) It alive, give agevears	DIC 410 1946, 10 DIC 20 18 86
	and that I last saw hard alive on 15 TC 7 18 TC
deceased (mo., day, yr.) Gut 10 1884	
	Immediate cause of death
8. AGE: Years Months Gays It less than one day	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
62 2 /0hrsmin.	and or vascular Taller turk
2 10 1 5	
9. Birthpiace Jortland Maine	Due to 1
(Town, county, and state)	Doggon (Krayboon "
Maria	
10. Usual occupation	Oue to
1t. Industry or business	
12. Name	Other conditions
13. Birthplace	
	(Include pregnancy within 8 months of death)
H 14. Maiden name	
E VIIII	Major findings of operations.
14. Maiden name	Date of op.
1 A 1 21 . 93	
16. Informant Juliana	Antopsy results
1h2 me Tarella Van Xel me	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address (1) Monticellale major 1	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Reserved Bate thereof A CC 37, 1746	
(Burist, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
West Part	Where did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Chloat 17. Meur Chyb-	Injured at home, farm, Industry, public place (where?)
Location	
In what Mit Lastelen Von	Means of injury Injured at work?
18. Funeral director	0.
Address / Company Ma	100 Lines
	23. SIGNATURE
Dec 11 46 /	M. D. or other,
(Date rec'd by registrar)	Address Cleux aforthe Met Date signed 12/22/4
(Date rec d by registrar)	- AND COLOR OF THE
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2411 N. Charles St., Baltimore 1226)

#### CERTIFICATE OF DEATH

BC

Reg. Dist. No..

1. PLACE OF DEA	An	ne Arun	ndel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				State Maryland County Baltimore City  Baltimore  (If outside city or town limits, write RURAL and give nearest town)  HOS Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAME		BROWN		3. (b) Social Security Number			
4. Sex male	5. Color or race black	6.(a)Singl	e, married, widowed, or divorced single	MEDICAL CERTIFICATION  20. DATE OF DEATH December 14 19 46 214:20 P			
6.(b) Name of husband of husband of the first date of deceased (mo., day, yr			c) II alive, give ageyeai	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  July 24  19. 45, to Dec. 14  19. 46  and that I last saw h _im _alive_on December 14.  Diffuse peritonitis			
8. AGE: Years 21	Months	Days	If less than one dayhrsmin	known to us 3 days			
10. Usual occupation  11. Industry or business  12. Name	none		state)	Due to			
16. Informant Crost  Address Crost  17. buried (Burial, cremation,	wnsville,	Maryla  Date then	nd eol 2- (month) (day) (year) Cemetery	Autopsy results diffuse peritonitis & intestinal— PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)			
Location	rownsvill	e, Marj e State	land Hospital	Injured at home, farm, Industry, public place (where?)			

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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## CERTIFICATE OF DEATH

		1	1	17	11	2
		-	1.50	3	( )	13
Dist	N.	K	27	0		

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Fort George G. Meade, Maryland (If outside city or town limits, write RURAL and give nearest town)	Slate Maryland County HOWARD			
How long In above place of death?				
How long in hospital or institution? 3/4 hour	2.(a) If veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
OWEN T. BROWN				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	2D. DATE DF DEATH 13 December 19.46 at 1315P M			
6.(b) Name of husband or wife. Olive P. Brown  6.(c) It alive, give age years	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from  13 December 19 46 to 13 December 19 46			
7. Birth date of	and that I last saw h. imalive on 13. December 19. 46.			
deceased (mo., day, yr.)	Immediate cause of death Cerebral hemorrhage DURATION 1 hour			
9. Birihplace ATIYOL TO N Md. (Town, county, and state)	Due to Hypertensive cardiovascular disease			
10. Usual occupation	Due to			
12. Name RICHARD H BROWN  13. Birthplace MARY LAND	Other conditions			
14. Maiden name MARY E WHIPPS  15. Birthplace MARY LAND.	(Include pregnancy within 3 months of death)  Major findings of operations. None			
18. Intermant MRS OLIVE P BROWN. Address SIMPSON VILLE Md.	Autopsy results. Not performed.  PHYSICIAN: Please uoderline the cause to which death should be charged statistically.			
17	22. V10LENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Cemetery or crematory LINTHICUM CHAPEL	Where did injury occur?			
Location CLARKS VILLE Md.	Injured at home, tarm, industry, public place (where?)			
18. Funeral director F.C. HIGH INBOTHOM	Means of Injury Injury 1 Injury 2 Vok?			
Address ELLICOTT CITY Md.	23. SIGNATURE CARLETON S. HERRICK, JR. M. D. or other			
19. 13 December 19. 46 Osman January (Date ree'd by registrar) BERNARD F. RERWIN Capt. PCRegistrar	Address Reg Sta Hosp, Ft. G. G. Meadenste signed 13. Dec. 46.			

DEC 18 1946
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (304-

## CERTIFICATE OF DEATH

BC

11703 Reg Dist No. 286

	N				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore City  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street N.810 Bragwood Avenue (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male black single	20. DATE OF DEATH December 20 1946 .6:05 p. 1				
8. (b) Name of husband or wife	and that I last saw h. J. alive on DECA 20 19 40 Immediate cause of death General Paresis DURATION				
67min.	known to us since				
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation laborer  11. Industry or business  12. Name Basil Burrell  13. Birthplace Virginia  14. Maiden name Frances?  15. Birthplace Virginia  16. Informant Hospital Records  Address Crownsville, Maryland  17. Survace Basil Burrell  2	Due to				
17 Christ  (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)  Cometery or assemblery Hospital  Location  18. Funeral director Address  Address  Address  Address  Location  19. (Date rec'd by registrar)  Date thereof (month) (day) (year)  Company (month) (day) (year)	Accident, suicide, or homicide				



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 190)

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CERT	IFIC	ATE	OF	DEA	TH	

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in above place of death?  Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)  Street No (If rural, give LOCATION)
How tong In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ochers of Stock	3. (b) Social Security Number
4. Ses   5. Color or raco   6.(a) Singlo, married, widowed, or divorced  Mule Colored Wildow	MEDICAL CERTIFICATION  20. DATE OF DEATH OF C. 15 44 21 6.500
8.(b) Name of husband or wife Fourierd Cuss.	21. I CERTIFY that death occurred on the date above stated; that I ettended doceased from Nec - 2 19 46 to Dec / 5 19 46
7. Birth date of deceased (mo., day, y.r.) will by 1876	Immediata cause of death DURATION
8. AGE: Years Months Days If less than one day	Offestate Preumond
9. Sirthplace (Town, county, and state)	Due to. Due to.
10. Usual occupation	Due to
12. Name 12. Name 22. 13. Rirthplace 2000.	Other conditions
E 14. Maldon name Hussiel Thomas	(Include pregnancy within 3 months of death)  Major findings of operations.
2 15. Birthplace Moc.	Bate of op.
Address R. F. D. 21 Bx 266 Anneces	Antopsy results
17 Buril Rate thorset Oce. 18 194.	22. VIOLENCE: If death was due to external causes, filt in the following:  Accident, suicide, or homicide
(Burlai, cremation, or removal, White?) (month) (day) (year)  Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location De Musquetts A. A. C.	Injured at home, farm, Industry, public place (where?)
18. Funoral director	att alle a to
19 Dec. 18 19 46 Porumu (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Zenvel J. Date signed Dec (6-8)

UNFADING INK. Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: county Anne Arunde State Mary Lund county Anna Arundal (If outside city or town limits, write RURAL and give nearest town) A hnavelis How long in above place of death? 3. M. s.e. K. s. Hospital, Institution, or street address where death occurred: Street No. 111 Main St Route & L(Md.) hr. Harwood (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number ELeanor 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex F W 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 6.(5) Name of husband or wife..... 7. Birlh date of 8 June 46 deceased (mo., day, yr.) Days If jess than one day 8. AGE: Cardiarespiratory Sailure O Annapolis A.A. (Town, county, and state) Due to Requesitation + inhabation 10. Usual occupation... 11. Industry or business James Hasken Chesser 13. Birthpiace (Include pregnancy within 8 months of death)

14. Maiden na 15. Birthplace

16. Informant Mrs. Eleunar Taylor

Herwood, Md.

17. Burial, cremation, or removal. Which?)

Date thereof Nec 5

Cemetery or crematory

Registrar

Where did injury occur? .....(City or town)

Means of Injury

(State)

(County)

injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following;

injured at home, farm, todustry, public place (where?) .....

Accident, suicide, or homicide,.....

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1. PLACE OF DE.	ATH:	ndel Co	nintir	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)			
County	Crownsvi	lle. Ma	aryland	State Maryland cou	Baltimore	o==2		
(If c	outside city or town li	mits, write R	URAC a giver arest town)	City or townBaltimoreCo	unty			
Mocalital Inchibition or	circut address where	death occurred	- 10 months					
nospital, institution, of	Crownsvill	e State	e Hospital	Street No(If rural, give				
How long in hospital or	Institution? 12	years.	- 10 months	2.(a) If veteran, name war				
3. (a) FULL NAM	E	- JOBE			3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	ES		
Male	Black	S:	ingle	20. DATE OF DEATH December 28.	1946	,at .6:00 A M		
6.(b) Name of husband	or wife		_	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 30, 19 35 to December 28, 19 46				
		6.(6	) If allve, give ageyears	and that I last saw h imalive on Dece	mber 23.	19		
7. Birth date of deceased (mo., day, )	<sub>rr.)</sub> 1892			Immedia: cause of death		DURATION		
8. AGE: Years	Months	Days	tf less than one day	Psychosis with Convuls	ive Disorders	Know to		
54 189	2		hrsmln.	(E-17-mass)		us since		
9. Birthplace	Maryland (Town,	county, and a	tate)	Due to		admissio		
1D. Usual occupation	None			Due to				
11. Industry or busines								
12. NameHe	nry Clark			Dther conditions		000000000000000000000000000000000000000		
	Maryland			(Include pregnancy within 3	months of death)			
# 14. Malden name.	Rachel Bl	ake	***************************************	Major findings of operations				
14. Malden name. 15. Birthplace	Maryland			Migjor anguage of operations.				
16, Informant	Hospital	Record	S	Autopsy results	hich death should be charged	statistically.		
Address	Crownsvil	le, Ma	ryland	22. VIOLENCE: If death was due to external car				
17 Buce	al	Date there	Dec. 31, 1946	Accident, suicide, or homicide				
(Buriel, cremation	Jul.	ER D.	(morth) (day) (year)	Whers did Injury occur?(City or town)				
Cemetery or cremate	ory		A. Co			(State)		
Location	alterior	2,	ess, me.	Injured at home, farm, Industry, public place (w	vhere?)			
tB. Funeral director	huo le	ev. Q	1. Theland	Msans of Injury	Injured at work?			
Address /65	31 Dui	15	till ane	11xeaf 1.	Henter	do		
10 Dea	28 19 46	a	at Hedrick	23. SIGNATURE	M, D,	12/28/16		
(Date rec'd by re	egistrar)	25	Registrar	Address Crownsville, Mary	y Land Date signed			

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

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4.	ŝ.			M.	Reg.	Diat.	No

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	-6	10	1	100

	C	CERTIFICAT	TE OF DEATH	Reg. Diat. No. 28		
1. PLACE OF DEATH: County	Maryland mits, Write RURAL and onth, 26 daj death occurred: State Hospit	vstal	City or town (If outside city or to	mbridge wn limits, write RURAL and give nearest town)		
ANNIE	CORNISH					
female 5. Color or race black	8.(a)Single, married, wi	idowed, or divorced		r 16 19 46 of 8:00P.		
7. Birth date of deceased (mo., day, yr.)		ve ageyears	Oct 21	e date above stated: that I attended deceased from  19.46  Dec. 16  December 16  Leval Arteriosclerosisouration		
8. AGE: Years Months 58 ?	Days If less !!	han one dayhrsmin.		known to us since 10/21/46		
9. Birthplace			(Include pregnancy	y without psychosis known since 10/21/46 within 8 months of death)		
16. Informant Hospit			Antopsy results			
buried (Buriet, cremation, or removal, Which?  Cemetery or crematory	Date thereof		22. VIOLENCE: If death was due to en Accident, suicide, or homicide	Date of		
Location Cambridg	e, Maryland		Injured at home, farm, Industry, public	place (where?)		
18. Funeral director Louis H.	Bayneum		Msans of Injury	Injured at work?		
Address Cambridg	e, Maryland	ρ	23. SIGNATUR THEFT	V. & Bookered,		
Dec 17 19 46	E7 Joya	Registrat	22	, Maryland M. D. or other 12/17/46		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

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2411 N. Charles St., Baltimore 940

			2
Reg	Dist.	No.	

3. (b) Social Security Number

					-
CERT	IFIC.	ATE	OF	DEA	HTA

2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother)
State M. A. County
City or town
Street No. 2.70 9 GUVVIII LILL

-			-		_
general section		-			_
2	£ 49 1			NAM	
-0-	162 :	FL	J II.4.	CA SA ITE	E.

4. Sex

1. PLACE OF DEATH:

County Censol

legibly.

information carefully. of death clearly and l

causes item of

write

important.

mary Ellen Davis

Af outside city or lown limits, write RURAL and give nearest town

S.(c) If alive, give age ..... 7. Birth date of deceased (mo., day, yr.)

If less than one day 8. AGE: Years Days .....hrs.

1D. Usuat occupation ...

Hospital, Institution, or street address where death occurred:

11. Industry or business

13. Birtholage

14. Maiden na 15. Birthplace

Date thereof.

18. Funeral director

(Date rec'd by registrar)

Registrar

M. D. or other

MARGIN RESERVED FOR BINDING Supply ADING INK. Physicians: p especially WRITE PLAINLY

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

MEDICAL CERTIFICATION

DURATION

(Include pregnency within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Where did injury occur? .....

(City or town) (County) (State) Injured of home, farm, lodustry, public place (where?) ......

Means of Injury injured at work?

PLEASE

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## CERTIFICATE OF DEATH

PLACE OF DEATH:  y or town.  (If outside city or town limits, write RURAL and give nearest town)  w long in above place of death?  w long in hospital or institution, or street address where death accurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  Slate
y or town	Street No

Mospital, Institution, or street address where death actured:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hamale will Widowed	20. DATE OF DEATH. 19// 21 / 9
8.(b) Name of husband or wifa Roman S.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the dale above alalad; that I altended deceased from  19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Yeara Months It less than one day	Browels- Prano a 60
9. Birthplace (Town, county, and state)	Oue to Mayor Sold Sugar 60
10. Vaual occupation.	Due to.
11. Industry or business  12. Name	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name	Major fieldings of operations
16. Informani Mary Marca Anasabala	Date of op.
Address RFID# 7 Cambridge way	ORHYSICIAN: Please ooderline the cause to which death should be charged statistically.
17. Milal Bale thereof Pec. 9. 1946.  Dale thereof (regord) (rear)	22. VIOLENCE: It death was due to external causea, till in the following:  Accident, aulcide, or homicide
Cemetery or crematory MA. O. Curet Garaten	Where did injury occur?
	1 to the first of the first test of the state of the state of the seasons of the

Meana of Injury

Injured at work?

M. D, or other

(Date rec'd by registrar)

# correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Char

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rlea St., Baltimore 83-

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# CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residency of mother) 1. PLACE OF DEATH:

How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
William Dx. Dorsey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male coloud widower	20, DATE OF DEATH LLC- 31 19 146 of 100 A. M
8.(b) Name of husband or wife Cillean Dosly  8.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
7. Birth date of deceased (mo., day, yr.) 1874	and that I last saw h 472 alive on LLL 30 1846
8. AGE: Years   Months   Days   If less than one day	Immediate cause af death
9. Birthplace (Town, county and state)	Oue to. Cerebral Memarshape 4 days.
10. Usual occupation. Assistance	Januar antinas elessas.
	Oue to
11. Industry or business    12. Name. William H. Morsey   13. Birthplace A. A. Co-	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Elizabeth Jones  15. Birthplace Calvert Co.	Major fiadiugs of operatious
18, informant Wm E. Norsey	Autupay results
Address Parole md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Gemetery or crematory Brew Column	Where did injury occur?
Location anakalia, ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director 283 Po Russan	Means of Injury Injured at work?
Address Annaholi m.C.	23 SIGNATURE M. J. Klassans, M. D. or other M. D. or other
(Date rec'd by registrar)	Address I South Gas and Oate signed 4/3/4/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coise specially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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#### 2411 N. Charles St., Baltimore (93-0)

#### CERTIFICATE OF DEATH

DURATION

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME)	OF DECEASED:		
County			(For newborn infants give residence of mother)  Maryland  State  Bay Ridge				
Hospital, Institution, or	street address where	death occurred:	***************************************		Street No. Hull Ave		
	ve				(If rural, g	rive LOCATION)	
	Institution?				2.(a) If veteran, name war		
3. (a) FULL NAM						3. (b) Social Security	Number
	Car	rie M.	Eastman				
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced		MEDICAL	CERTIFICATION	
F	W	Wi	.dow		20. DATE DE DEATH DIC	19 1946	, 1 2
	0	A.F	Castman		21. I CERTIFY that death occurred on the date		
6.(b) Name of husband	or wife	rge			May 13	1946 to Dec	.719
7, Birth date of			) If alive, give age	years	and that I last saw h. alive on	Dre 17	19
deceased (mo., day, )	n.) Dec 2	3 1974			Immediate cause of death		DURA
8. AGE: Years		Days	If less than one day		0 1 1)	42 %	
71	II	26	hrs	min.	Carra Vasca	day fallun	74
O Biribalasa	Hopbotto	m. Pa.			Oue to. S.		
3. Sirinplace	4.4	county, and s	tate)		Artem Pelaro	eco	Here
10. Usual occupation	None	*****************			Derive	0.17	900
11. Industry or busings	8	M . Woo	lsey		Jr. Meyo	Louis	
E 12 Name	ylvester				Diher conditions	Cartation	alses
12. Name	PA.			100	00000		72
					(Include pregnancy within	3 months of death)	
14. Maiden name.		arviey	•••••••••••••••••••••••••••••••••••••••		Major findings of operations	***************************************	
	Pa.					Date of op	
16. Interment	iss May B.	Eastma	an		Autopsy results		
16, Informant Bay	Ridge A	ve Ba	7e		PHYSICIAN: Please underline the cause to		1 statistically
Hadicas				- 1	22. VIOLENCE: If death was due to external	I causes, till in the following:	
11				Accident, suicide, or homicide	Date of		
Cemeiery or crematory.				Where did injury occur?(City or tow	vn) (County)	(State)	
		110 1	Marriand		Injured at home, farm, Industry, public place		
	Hyattsvi				Means of Injury	lajured at work?	
18. Funeral director	B.L.Ho	pping &	& Son		means of injury		
Address A	nnapolis,	Marylar	nd.		(Den-	1 une	
D	0 111			.01	23. SIGNATURE	M, D	, or other/
19. UEC	7 19 46	···· #//	- Value	Registrar	Addres Eller ap Re	Date signed	12/10
(Date rec d by re	Riphall)	10					

DEC 20 1946

CERT	IFIC	ATE	OF	DEA	TH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County David Original County	State gled , county anne arendo
City or town	City or town
How long In above place of death?  Rospital, institution, or street address where death opported:	Street No.
Hill Top sevoor	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Som augusting Englist	2. (b) Social Security Number
4 Mex 5. Color or rac 6.(a) Single, married, widowed outvorced	MEDICAL CERTIFICATION
mole why any	2D. DATE DF DEATH 19 4 at 11
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  Fig. 14, 1912	and that f last saw h. Local alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
34 ·hrsmin.	Masol
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Figo & Mundle	A CARDON TO
11. industry or business	Due to Must go to is do do
13. Dishiplace	Other conditions Tuffs
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings uf operations.
2 15. Birthpiace	Date of op.
16, Informant Many Fits to	Autopay results
Address Dec 26/4/	22. VIOLENCE: ff death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Semetery or crematory 2000 017 /ark Greenmount	Where did injury occur?
Location Baltimore, May	injured at homa, farm, Industry, public place (where?)
18. Funeral director John . Mistellell & Sous, Sur	Means of injury injured at work?
Address 1900 Entaw Place, Balto.	OR CICHATURE AND

a W. Aesech.
Registrar t9. (Date rec'd by registrar)

Address...

#### CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Change Crimal	For newborn infants give residence of mother	under
City or town	State County	The state of the s
How long in above place of death?	City or town (If outside my r town limits, write QURAL and pro peare	est town)
Hospital, Institution, or street address where death occurred:	Street No. 232 Orinee Leo V.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Quinchette Towns	Feldmener 3. (b) Social Security No	umber
GREGIES OCCUR	1 section 1	
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
france While Vidow	20. DATE OF DEATH DEC 6 1946	at M
Charles of Feldmanes	21. I CERTIFY that death occurred on the date above stated; that that tended decease	ed from
6,(b) Name of husband or wife.	les-1, 1946 10 10 6	19 45
7. Birth date of	and that I last saw h. M. alive on Lon - C.	19 46
deceased (mo., day, yr.) Sept. 3054 1852	Immediair couse/ death	DURATION
8. AGE: Years Months Days If less than one day	10 9.00	
74 a 16min.	Slully	5 Hals
9. Birthplace. Commonpolis myd.	Due lo	
(Toyn, county, and state)		U
10. Usual occupation.	Oue to.	
11. Industry or business	000 (4	*******************
12. Name Meredille Danes	Dither conditions.	
12. Name Duredille Dames  13. Birthplace Queesseli Pus.		
	(Include pregnancy within 3 months of death)	
14. Malden name. Statiella Wills  15. Birthplage agrapacii, Jul.	Major findings of operations	
₹ 15. Birthplace College Coll		
18. Informant Mus Cluel to Tung	Autopsy results	
Address 232 Pri Leo V. Chimper and	PHYSICIAN: Please underline the cause to which death should be charged sta	atistically.
B. 10 Tree 8 1946	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crampton ADT. Churces	Where did injury occur?	(State)
Been but med	Injured at home, farm, Industry, public place (where?)	
Location	Maens of Injury Injured at work?	
18. Funeral director	P O at P A	14.0
Address Olimapple Md	23 SIGNATURE COLLECT HOLLICON ON	14)-
Dec & UI much	M. D. or	other 10 11
(Date ree'd by registrar) Registrar	Address AMAGAGO Los Date signed &	10446

Registrar | Address ...

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ADING INK. Supply every item of information carefully. 'I Physicians: please write the causes of death clearly and leg

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1PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
county Anne Arundel	A A A
City or town Rur at - Edge wat w. (If outside city or town fimits, write RURAL and give nearest t	
How long in above place of death? 3. m.o.s.	(If outside city or town iimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Wood Land Beach
Road in woodland Beach	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Chester F. Foote	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	medical certification
MWM	2D. DATE DE DEATH
6.(6) Name of husband or wife Irm & Foote	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
S (c) If alive give age	years
7. Birth date of deceased (mo., day, yr.)  Jan. 14, 1902	and that I last saw halive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
11 11	min Coronary Thrembosis
9. Birthplace Washing ton D. C. (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name	Diher conditions
14. Maiden name are Chiffs  15. Birthpiace Maryland	(Include pregnancy within 3 months of death)
15. Birthplace ( Mary land	Major fiadings et operationa.
There Int.	Date of op.
18, informant Beach G. G.	Autopsy results
Address Woodlawn Reach a a	THE THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF
(Burist cramation or removal, Which?)  (Burist cramation or removal, Which?)	1446
20 7	Where did injury occur?
Cemetery or crematory	
Location Cassachus	injured at home, tarm, industry, public place (where?)
18. Funeral director John My Lay Cor.	Meens of injury Injured at work?
Address Omnapoli 240	23. SIGNATURE Edward P. Ritchings M.D.
19. Dec. 23 19. 46 Edward Coll	Registrar Address 199 gloweart of Cetting Date signed Dr. 3. 1. 544
	amapoli, md.

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#### MARYLAND STATE DEPARTMENT- OF HEALTH

2411 N. Charles St., Baltimore /3

11717

#### CERTIFICATE OF DEATH

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130	Reg.	Diat.	No

1 DIACE OF DEATH.	2 LISUAL RESIDENCE (HOME) OF DECEASED:			
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
Crowneyille Vanuland	State Maryland county Baltimore City			
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 2 yrs., 6 mo., 4 da.	City or town. Baltimore 17 (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 1848 Lorman Street			
Crownsville State Hospital	(If rurai, give LOCATION)			
How long in hospital or institution? 2 yrs., 6 mo., 4 da.	2.(a) It veteran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number			
CARRIE GARRETT				
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female black single	20. DATE OF DEATH December 2 19 46 31 10:00 H			
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
S.(b) Name of husband or wife	May 29 19 44 to December 2 19 46			
7. Birth date of	and that I last saw her alive on December 2 19.46			
deceased (mo., day, yr.) NOV. 13, 1924	Immedia: cause of death Tuberculosis of both DURATION			
8. AGE: Years   Months   Days   If less than one day	lungs known to us since			
22 20hrsmin.	5/29/44			
Vousil and				
9. Birihplace Maryland (Town, county, and atate)	Due to.			
1D. Usual occupation housework				
1D. Usual occupation	Due to			
11. Industry or business	Oshi sashasain lasaa ta			
Emery Garrett	Dther conditions Schizophrenia known to us since			
Enery Garrett  13. Name Maryland	(Include pregnancy within 3 months of death)			
H 14. Maiden name Rosette Harris				
L E L	Major findings of operations.			
15. Birthplace Maryland	Date of op.			
16. Informant Hospital Records	Antopsy results			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Crownsville, Maryland	22. VIOLENCE: If death was due to external causes, till in the following:			
17. buried (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide			
	Whers did Injury occur? (City or town) (County) (State)			
Cemetery or crematory Mount Ivory				
Location Baltimore, Maryland	Injured at home, tarm, industry, public place (where?)			
18. Funeral director. George E. Kelson	Msens of Injury Injured at work?			
Address Baltimore, Maryland	Theer Ithut und			
16 WC Prest	23. SIGNATURE M. D. or other			
19. (Date rec'd by registrar)  (Date rec'd by registrar)	Address Crownsville, Maryland Date signed 12/3/46			

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		CERTIFICA	TE OF DEA	in .	Reg. Diat. No	
1. PLACE OF I			2. USUAL RESIDER	NCE (HOME)	OF DECEASED:	
How long in above pla	nnapolis, If outside city or town li	nits, write RURAL and give nearest town)	City or townEa	stport.	ously	nearest town)
Eme	ergency Hos	pital			ve LOCATION)	
How long in hospital	l or Institution?	Days	2.(a) If veteran, name wa	ar		
3. (a) FULL NA		ie A.Goddard			3. (b) Social Securit	ty Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		MEDICAL O	CERTIFICATION	
F	W	Married	20. OATE OF DEATH	Dec 36	1946	3.254
6.(b) Name of husha 7. Birth date of deceased (mo., 4s		t R. Goddard. Sr 	and that I last saw h. L.	a alive on B	bore stated; that I attended di 14.6to	19 76
8. AGE: Ye 51	ears Months	Oays If less than one day	. Corous	enollera	ulpes	Juntar
	House	eounty, and state)	- 1 XXX I = 1 - 1	V	uluam.]	
当 12. Name	Frederick	Brandt	·· Other conditions		••••••	
1	Germany Mary Germ	M. Wassa Hölkm	(Include:	Orton.	V // ~ A	2/18/46.
16. Informant		GoddardSr St. Eastport. Md.	PHYSICIAN: Please un	iderline the cause to	which death should be charg	ed statistically.
	al tion, or removal. Which?	Oate thereofJan 2 1947 (month) (day) (year)	Accident, suicide, or hon	nicide	auses, fill in the following;  Oate of (County)	
		s, Md.			(where?)	
		ng & Son	***		injured at work?	
18. Funeral directo	I70-I72 Wes		/ .	Cherry L	- audersm	My.
19. Dec.	31, 19 46 registrar)	D, January	Address.	maple	2 UY Date sign	D. or other ed 1 1 3 1 46

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The d is especially important. Physicians: please write the causes of death clearly and legibly. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

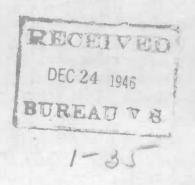
2411 N. Charles St., Baltimore 3.2

# CERTIFICATE OF DEATH

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J.	.6		21	r
by. I	)ist:	Nb:	9~1	

1. PLACE OF DEATH:  County. Anne Arundel  City or town. Annapolis.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
М	W		ingle	20. DATE DE DEATH 12-20- 1946 at 8 8 1 M
			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from  12-20-46  18  10-20-1946  and that I last eaw h 22 live on 12-20-46  19
8. AGE: Yea		Days 15	If lese than one day	Immediais com of death Colonson They
1D. Usual occupation	Watchman ese		ttate)	Due to.
12. Name	Arthur Craf	• • • • • • • • • • • • • • • • • • • •	***************************************	Dther conditions
	Germany			(Include pregnancy within 8 months of death)
14. Maiden nam W 15. Birthplace	Balto.  Charles E	Md.		Major fiadings of operations
TO: Illiorment			apolis, Maryland	Autopsy results
17Buri (Burial, crematic Cemetery or cremi LocationA  18. Funerat director Address 179	al	Anne's Anylan pping Ann	Cemetery d and Son apolis, Maryland	22. VIOLENCE: If death was due to external cauees, fill in the following:  Accident, suicide, or homicide
19. Vec.	23, 19 46	11	The Company	Address BUThree For Bate signed 12-21-4



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	me year
and.	

Hospital, institution, or etreet addrees where death occurred:

Feb.

Farmahand

Richard Gross

Eva Sharps

McKendree, Md.

Greenock, Md.

S.(c) If alive, give

If tese the

1. PLACE OF DEATH:

How long in hospitat or institution?...

3. (a) FULL NAME

6.(b) Name of hueband or wife.

deceased (mo., day, yr.)

1D. Usual occupation.

11. Industry or business

12. Name...... 13. Birthplace

14. Malden na 15. Birthplace

Address

Location 18. Funeral director

14. Malden name

(Buriat, eremetion, or removal.

(Date ree'd by registrar)

Cemetery or crematory

7. Birth date of

8. AGE:

# MARYLAND STATE DEPARTMENT OF HEALTH

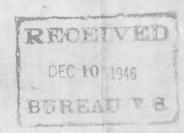
2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

		and the last of
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State County A.A.	
ive nearest town)	City or town	
Brital	Street No. (If rural, give LOCATION)	
	2.(a) If veteran, name war	
	3. (b) Social Security Number	
owed, or divorced	MEDICAL CERTIFICATION	
ied	2D. DATE DE DEATH. Dec. 3 1946 at 430P.	M
	21. I CERTIFY that death occurred on the date above etated; that I altended deceased from	
age 24 yeare	19	
. age	and that I fast saw h	
on one day	Immediate cause of death	
hrs min.	Fracture cervical vertebras	
•	Due to.	
	Due to	***
	Dther conditions	***
	(Include pregnancy within 8 months of death)	
	Major findings of operations	
	Date of op.	***
and	Autopsy results	
V 1,1944	22. VIOLENCE: If death was due to external causes, fill in the following:	,
oth) (day) (year)	ACCIDENT, SUICIDE, OF NOMICINE	
Othi (day) (year)	Where did injury occur? 12 tax B.71 tat A.A. (County) (State)	,
4114	injured at home, farm, industry, public place (where?)	***
disting to	Means of Injury Fell off tractor Injured at work? Yes	
de	CI 10 pitation IN A	
Paux	-23. SIGNATURE CALLED TO STATE OF THE TOTAL STATE O	
Registrar	Address 199 glaveant of Bate signed the 3,184	86



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# MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 93-20

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Anne Arundel	State Maryland county Anne Arundel
City or town. Herald Harbor. (If outside city or town limits, write RURAL and give nearest town)	
How long to above place of death? 42 yrs	City or town. Herald Harbor (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	
Herold Harbor	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3, (b) Social Security Number
ADDA H. HALL	
4. Snx   5. Cotor or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. WIDOWED	12), 21 GB 10 P
	20. DATE OF DEATH ALE 20 95. O 21. 6 P M
6.(b) Name of husband or wife. Joseph E. Hall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
E (c) If alive give age years	Nov 10 19.46 to Lee 19.46
7. Birth date of Oct. 3044	and that I last saw h 12 alive on 20 19 19 19
deceased (mo., day, yr.) Oct. 18, 1866	Immediaje cause of death OURATION
8. AGE:	Mysesseites Chr. but
80 2 2hrsnrs.	Myrochal Inseffered unsun
9. Birthplace Youngstown Ohio (Town, county, and state)	Due to.
10. Usual occupation.	Due to
11. Industry or business	1 Meleu Solersio Unknow
置 12. Name Sheldow	Other conditions Chilen to Clerco
E 12. Name Sheldow Ingland	(include pregnancy within 3 months of death)
H 14. Malden nameCharlotte Sutcliff	
14. Malden name	Major fisdiags of operations.
	Date of op.
16 Interment Nr. Richard S. Hall	Actopsy results.
	PHYSICIAN: Please naderline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
Burial Date thereof	Accident, suicide, or homicide
Cemetery or crematory Baldwin Memorial Cemetery	Where did injury occur?
	Injured at home, tarm, industry, public place (where?)
Location Millersville, Maryland	Meens of injury Injured at work?
18. Funeral director Ben L. Hopping and Son	Meets of monty
Address 170-172 West Street Annago Mis, Md.	23 SIGNATURE Linge C Board.
Day 12 111 / Tourch	M. D. or other
19. Dec. 23 1946 O Registrar	Address Churches My Date signed 12.23. KL



DURATION

My D

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	1	200	
16.	b		

				TE OF DEATH  Reg. Dist. No
1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Anne Arundel  City or town Maryland Annapolis  (If outside city or town limits, write RURAL and give nearest town  Street No. 18 Monument Street  (If rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME	John '	Thomas	Young Hall	3. (b) Social Security Number 214-14-2658
4. Sex Male	5. Color or race  Colored		ie, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH DOC 7 6 1946 316
	Oatab	6.	(c) If alive, give ageyea	and thal I last saw h 241 alive on
8. AGE: Years	Months   2	Days	If less than one dayhrsmli	Immediair cause of death the strength of the s
9. Birthplace Annapolis Md.  (Town, county, ond state)  1B. Usual occupation Laborer  11. Industry or business None  12. Name Unknown  13. Birthplace Unknown  14. Maiden name Ellen Young  15. Birthplace Calvert Co. Maryland				Uue fo
16. Informant Robert Chase  Address 413 Chesapeake Ave.  17. Burial Date thereof 12-30-1946 (month) (day) (year)  Cemetery or crematory Prewer Hill Cemetery				Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistics  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory West Street Extended				Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address.  Address.  Date signed.

IARGIN RESERVED FOR BINDING

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VS 150

# CERTIFICATE OF DEATH

	44.5	1
Registered	No.	Par
	2 4000	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Md (b) County ANN AREN	21
(b) Street address Solley, Ana Arundol 6 Md	A	
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and gi	+)
·		ve town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No	
1 Wall of 17 17 17 1 min of the	(e) Citizen of foreign country? (If rural give location) (Yes	or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
3 (a) FULL NAME JAMES ANDREW HAMMONG	AT 18 A TEACHER OF DEATH TO	6.77
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	Local
No.178-10-8386	20. DATE OF DEATH December 22 1946 at 8:	'SO PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that	
MALE White divorced.	ed deceased from Dec 21 19 %, to De 22	
6 (b) Name of husband or wife EDMA C	and that I last saw ht a live on 12/22 1946	
6 (c) If alive, give age 50 years	attacherory trialities, matthew, meenth the milene at the	
7. Birth date of deceased (mo., day, yr.) Feb 9 1889	CARTIE Decomposition	ration
8. AGE: Years   Months   Days   If less than one day.	A STATE OF THE STA	199 ma
57 10 /3 hr. min.	Due to Pronchial Asthma	, , , , , ,
	125 ( A-11 102 - 1-2)	
9. Birthplace Altow & Bolow & Pony a (Torin, county, and state)	Due to	
10. Usual Occupation Chief Boiler maker		
11. Industry or business MARYLAND Day dock	Other Conditions Brow chiectasis	
12. Name William Hammond	Braiss La phouse -in PHY	SICIAN
13. Birthplace Perens	Date of operation	
ed 1	Under	eriine the
14. Maiden Name MARY JANE 2042	death	should be
2 15. Birthplace Penny,	of autopsy: tieally	ed atatis.
16 (a) Informant (WIFE) EDMA C. HAMMOND	22. If death was due to external causes, fill in the following:	
(b) Address Solley AA & Md	(a) Accident, suicide, or homicide	
Relations	(b) Date of occurrence at	
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery of commetery (alwany)	(City or town) (County) ( (d) Did injury occur about home, on farm, industrial place, in	(State) n public
Location altooxa Pa	place?	
18 (a) Funeral director William Cook Inc		
(b) Address 1 17 St. Paul St.	(e) Means of injury	
- 12-16/46 - Angel 1	23. Signature Some Brooks m. Fr. M. M.	7D.
(Date rec'd by registrar) Registrar	Address 3 10 FIFTH AY Date signed	1/22/4

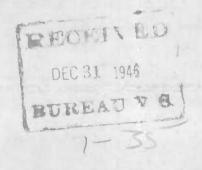
# CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No. 28
1. PLACE OF DEATH:  County  City or lown.  (If outside city or town limits, write RURAL and five nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Late Hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write EURAL and give nearest town)  Sireet No.  (If rurai, give LOCATION)  2.(a) If veieran, name war.
3. (a) FULL NAME Charles H. Handy	3. (b) Social Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male Black Married (.)	MEDICAL CERTIFICATION  20. DATE OF DEATH December 28 19 46 21/1 P. 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  November 7th 19 46, to December 146, 46  ars and that I last saw h ( a live on December 18 th 19 46.
8. AGE: Years Months Days If less than one day  3 3	Immediaic cause of death OURATION Known
9. Birthplace (Toyn, county, and state)  10. Usual occupation. Truck Oriver	Due to Lovobr.
11. Industry or business	Due 10.
13. Birthplace Cacilforn maryland  14. Maiden name Haggie Jones	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant. Hosp. Zal Records  Address Crowns Ville Maryland	Antupsy results
16. Informant. Hother ale Constitution of the Maryland  17. Blanch Which?)  (Burial, cremation, or removed) Which?)  (Burial, cremation, or removed) Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Location	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work
18. Funeral director College Grand Management of Managemen	23 SIGNATION STEPP / Hongerodz
19 Dec 29 To Et Joyce Registrar)	M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

Edward Ellowe Millington Mid



# PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /08

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11	72	2	3	į.
Reg. Dist.	No			

CERTIFICAT	LE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County In Severn City or town Severn	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate Residence of mother)  Slate County A.
Cily or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	City or town Classic. (If outside city or town limits, write RUBAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clown Hans Hansen	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced   Wildowed.	MEDICAL CERTIFICATION  20. DATE OF DEATH DECEMBER / 2 1846, 21 7 P. M
6.(b) Name of husband or wife Turacy E. Secret  6.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 0 clouds 19.4.5., to Alex. 12.4.6.
7. Birth date of deceased (mo., day, yr.) October 30 - 1889	Immediate gause of death
8. AGE: Years   Months   Days   II less than one day	Immediate cause of death
9. Birthplace Baltumare masyland. (Town, county, and state)	Due to. (Branchal)
10. Usual occupation	Due to
12. Name Salen Hansen  13. Birthplace Dennich	Other conditions
14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace	Date of op.
Address Livery, mid.	Autopsy results
17. Deutel Date thereof 12/16/46 (Burial, efemation, or removal, Which?)  Date thereof 12/16/46  Smooth (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory New Cittedial	Where did injury occur?
Location Judens Re	tnjured at home, farm, tndustry, public place (where?)
18. Funeral director. July & July	Means of Injury Injured at work?
Address 40 to Williams	23. SIGNATURE Suistand A Faulen M.D. or other
19. (Date rec'd by registrar)  19. Control of the Registrar Registrar	Address slew Buenil M. D. or other Date signed / 13/46

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 170-

# CERTIFICATE OF DEATH

11726 Reg. Dist. No. 20

1. PLACE OF DEATH: ANNE Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	State MALYLAND COURTY ANNE AKUNDEL
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
EMCharacy Hospital	Streef No. 3 College Ave.
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ANNIE RIAGELY HA 4. Sex 5. Color or race 8.(a) Single, married, with wed, or divorced	ste 213-18-6527
	MEDICAL CERTIFICATION
Female coloxed widowed	20. DATE DE DEATH CLER 21 19 46 21 12 NOONS
	21. I CERTIFY that death occurred on the date above stated; that I alternand deceased from
6.(b) Name of husband or wife	Elec 19 18 46 10 Per 21 19 46
7. Birth date of	and that I last saw h. C.R. alive on
deceased (mo., day, yr.) November 5, 1892  8 ACF: Years   Months   Days   If less than one day	Immediais cause of death DURATION
o. Aut.	To a Dand & Fracture
9. Birthplace NNC Atunde L Co, Md. (Town, county, and state)	hear Tholas kaner think
10. Usual occupation QENETAL HOLSE WOLK	Due to the family of the things
11. Industry or business NONC	putomobile accidente essepte.
# 12. Name Johly W. RidgLey	Dther conditions
12. Name Johny W. Ridgley 13. Birthplace ANNE ANNOELCU:	(Include pregnancy within 3 months of death)
# 14. Maiden name SisaANNA West	
15. Birthplace ANNE ALWNDEL CO.	Major fiedings of operations
16. Informant Louise MAKEL	Animary results
Address 43 WA Shi Ngton St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide. Della Date of 2/15/48.
Cometery or crematory. B + 2 w C + HiLL	Whers did injury occur? (City or town) (County) (State)
Location West St. E+tended	Injured at home, farm, industry, public place (where?)
18 Funeral director, MES. CHALLES E. HICKS	Means of injury Injured at work?
Address 43-45 NAYTH WEST St.	for little
	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  Registrar	Add ss. O a part met Date signed 12 land 44 4

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1 DIACE OF DEATH.

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# MARYLAND STATE DEPARTMENT OF HEALTH

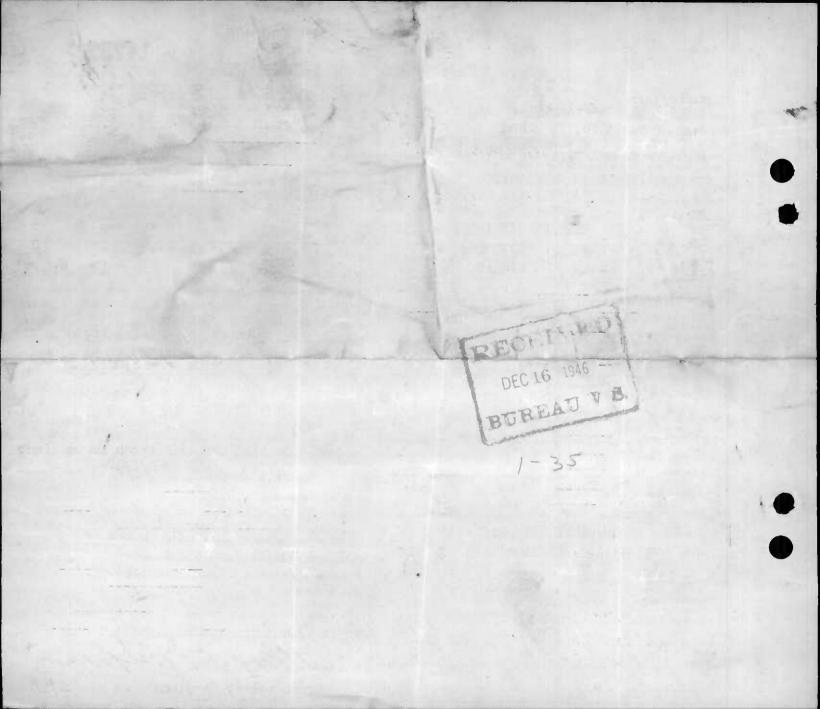
2411 N. Charles St., Baltimore 97)

2 USUAL RESIDENCE (HOME) OF DECEASED.

# CERTIFICATE OF DEATH

Reg. Diat. No. 280

County Anne Arundel County  Cily or town. Crownsville, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 34 yrs., 5 mo., 27 da.  Hospital, Institution, or street address where death occurred:  Crownsville State Hospital		(For newborn infants give residence of state	olyAnne Aruno			
		City or town (If outside city or town limits, write RURAL and give nearest town)  Street No				
How long in hospital or	Institution?34	yrs.,	5 mo., 27 da.	2.(a) If veteran, name war		
3. (a) FULL NAME	R <b>U</b> DO	OLPH H4			3. (b) Social Security ************************************	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	black	si	ingle	20. DATE OF DEATH. December 4	19 46	7:00 P-
6,(b) Name of husband 7. Birth date of deceased (mo., day, y			) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo  June 8 15 and that I last saw h im alive on Dec  Immediate cause of death General 8	ve stated; that I altended decea 12 to Dec. 4	19 46
8. AGE: Years 74	-	Oays	If less than one day		known to us 6/8/12	since
9. Birthplace	laborer		tate)	Due to		
13. Birthplace	gine dim que que gine que de la constante que gine que que constante que gine			Other conditions	6/8/12 months of death)  Date of op	
	Mospita wnsville, l		rds	Astopsy results.  PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
17(Burial, cremation	, or removal. Which?)	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)
18. Funeral director	gistrar) 19 246			23. SIGNATURE 23. Address. Grownsville, Mar	M. D. o	or other 12/5/46



1. PLACE OF DEATH:

How long in hospital or institution?..

3. (a) FULL NAME

deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

10. Usual occupation. 11. Industry or business

> 13. Birthplace 14. Malden name.

Address

(Date rec'd by registrar)

Days

(Town, county, and state)

Months

if less than one day

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PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(30€)

# CERTIFICATE OF DEATH



3	Y	5-C-4	Reg. Dist. No	
2. USUAL R	ESIDENCE (HON		ASED:	
(For new	oborn infants give resid	lence of mother)	Balfi	2/0
State	arylans	County	70-07	
City or town	Balki		RURAL and giv ne	
2	7 worth	vn limits, write i	RUICAL and give no	- town
Street No2	/ VOT PY	ral, give LOCAT		
		MI, give LOCATI		V
Z.(d) It veleran	, name war			
		3. (8	) Social Security	Number
		7.4	1	
	MEDIC	AL CERTIE	FICATION	00
	ATH Decem	han 21	9 th . 41	6.9 P.
20. DATE OF DE	A 1 11		19	7, 21
	hal death occurred on the	dale above stated	; that I atlended dad	Leased from 46
Lefte		An ye	10.	
and that t last s	aw h. c'era alive on	year	20	19 46
Immediate case	se of death			OURATION
				Kuver
7	eneral	120	repor	to
Due to			**************	us
				since
Due to				South
DUC 10	/			21-
mit				
Other conditions	s			1946
	(Include pregnancy	within 3 months o	of death)	• • •
Major findings	of aperatians			
			Date of op	
Antapsy result				
PHYSICIAN:	Please underline the ca	ase ta which dest	th shauld be charge	d statistically.
	E: It death was due to ex			
	de, or homicide		Date of	
	, ,	r town)	(County)	(State)
Injured at home	e, tarm, Industry, public	place (where?)		
Means of Injury	1		Injured at work?	no
		10	6.	- ~
	107611	V. 73	ante	1002
23. SIGNATURI	and the state of t	1 1	M. D	or other
Address	vivustil	le, lu	Date signed	12/28/4
			_	



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

100	17	790-
	Par Dist	No X B
	Reg. Diat.	No

			11		
1. PLACE OF DEA	TH:	molel.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
	40 R	22	State Maryland Coun	ann As	wolf
City or town(If ou	italde city or town lir	nits, write RURAL and give nearest town)	Jen. 1	Rugner.	
How long in above place o	of death?2	your.	City or town(If outside city or town limits,	write RURAL and give nes	arest town)
Magnital Institution or s	street address where d	leath occurred:	Street No. 10 4 Central	ari	
	04 Cont	a are	(If rural, give I	LOCATION)	
How long in hospital or	Institution?		2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME		ELEANOR		3. (b) Social Security	Number
	alie	CHECKIOCOCO 13 77	man.	No	-
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	24
Famale	while	marred'	20 PATE OF PEATH December	13	130 a.m
	- 4	4 11 1	20. DATE OF DEATH		
6.(b) Name of husband o	r wite Ohrest	all 7- Hoffman.	21. I CERTIFY that death occurred on the dale abov	to to decident	ased from
			19.7	to	19.7.
7. Birth date of	10-1 9	10 0 0	and that I lest saw halive on	~ · · · · · · · · · · · · · · · · · · ·	197
deceased (mo., day, yr. 8. AGE: Years	Mooths	Days   If less than one day	Immediate cause of death	A 44 A	DURATION
5 8		19	Care Press / Fernan	d d	3 day -
30	0.0		9 1 11 - 1 - 1 - 1		
9. Birthplace	9. U Co.	ouuty, and state)	Due to.	·	10 7120
	(Lown,				
10. Usual occupation. House wife		Due to.		15 year.	
11. Industry or business		one	***************************************		***************************************
12. Name	reliam .	Renny,	Other conditions		
13. Birthplace a.a.b. md			(Include pregnancy within 3 m		
ER	Floresa	Chaney			
E	a. 9 w.		Major findings of operations		and the same of th
THE DATE OF THE PARTY OF THE PA		md.		Date of op	
16. Informant	ruta 7.	Hoffma.	Autopsy results.	, , , , , , , , , , , , , , , , , , ,	
Address	Gen B	ursus. med	PHYSICIAN: Please underline the cause to wh		statisucuny.
Bus	.1.	20/20/10	22. VIOLENCE: II death was due to external caus		
(Buriai, cremation,	or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	_ /	******************************
Cemetery or crematory Then Idana Cont.		Where did injury occur?(City or town)	(County)	(State)	
	-gen Bo	erner. not	Injured at bome, tarm, Industry, public place (wh		-
LOCATION		Means of Injury	Injured at work?		
18. Funeral director	wm. Lufe	ny & Sons Inc.	and		0
Address	Bre	limots. ma	Va 18	Bellerole	- MB
10		A to be	23. SIGNATURE	M. D.	or other
19. N. LA.	4 19 46	a. W. Keerista	Address Gen Burny.	Date signed.	Dec. 13, 1941
I Date I'ce o by reg	sirva chi. j	*** Sintrai	** PERMITO 3.000000000000000000000000000000000000		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. M

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PLEASE

he correct age

2411 N. Charles St., Baltimore 3.d

# CERTIFICATE OF DEATH

TU all

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  No mysland  Reltimore City		
City or town	State Maryland County Baltimore City  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:  Crownsville State Hospital	Street No. (If rural, give LOCATION)		
How long in hospital or institution?4 yrs. 6 da.	2.(a) If veteran, name war		
3. (a) FULL NAME EMMA HOLMES	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female black widow	20. DATE OF DEATH. December 6 19 46 21 3:45 A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  November 30		
	and that I last saw h.er alive on December 5 to 46		
7 Right date of	and that I last saw h		
deceased (mo., day, yr.) March 23, 1993	Immediate cause of death hypertensive cardiovascula GRATION		
8. AGE: Years   Months   Days   ti less than one day	disease known to us since		
53 hrsmin.	11 /30/42		
nrsmin.			
9. Birlhplace Virginia (Town, county, and atate)	Due to		
1D. Usual occupation domestic	Dué to		
	Other conditions Senile Psychosis known to us		
12. Name Steven Holmes 13. Birthplace Virginia	(Include pregnancy within 3 months of death)		
	(Include pregnancy within 3 months of death)  Major findings of operations		
Hanna Rone  14. Malden name	major madage of operations.		
	Antopsy results PHYStCIAN: Please underline the cause to which death should he charged statistically.		
Address Crownsville, Maryland			
17. buried  (Burial, cremation, or removal, Which?)  Date thereof Dec. 9, 1946  (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Baltimore County	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. J. P. Linbery	Means of Injury Injury Injury 21 Work?		
Address 519 Mosher St., Balto., 17, Md.	23. SIGNATURE OF THE PROPERTY		
19. (2-9 19 46 Coufficient Registrar)  (Date rec'd by registrar)  Registrar	Address Crownsville, Maryland Gate signed Gate signed		

PHYSICIANS should state isem of infor-Exact statement of OCCUPA. IS A PERMANENT REC stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be See instructions on back CAUSE OF DEATH in plain terms, so that it may TION is very important. -WRITE PLAINLY,

V. S. No.

E

19. UNDERTAKER

20. FILED ... 2

(Address)

Village or City Hanhatan Mach	Registration Dist. No.  ND.  death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U, S. if of foreign birth?  Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 9EX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced.	21. DATE OF DEATH 20 1946 (Month) (Dey) 1976 (Year)
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL.  SAW MILL, BANK, etc.  Lane Machine Machine SAW MILL, BANK, etc.	I HEREBY CERTIFY. That I attended deceased from  Let 19 19 10 19 1
10. Dato deceased last worked et this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (effy or town)  14. BIRTHPLACE (effy or town)	Dither Coutributory Causes of importance:  Hypertensive Carclin Vascular 1936  Liseuse south anteriordismis
14. BIRTHPLACE (efty or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Was there an autopsy?
17. INFORMANT COLUMN Mason (Address) High Column Mason (18. BURIAL, CREMATION, OR REMOVAL Place Cala Mell Date 23, 19	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

24. Was disease or injury in any way related to occupation of deceased?

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

# Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENT	SBY	PHYSICIAN
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

i	1"	Reg.	Diat.	No.	2	10
No.		4				

	Reg. Dist. 140.
1. PLACE OF DEATH: Orunds	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Foanewborn infanta give residence of mother)  State  State  Day  Count  C
City or town	State May Count Co
(If outside city or town limits, write RURAL and give nearest town)	City or town Munchester
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edgar J. Mes	sup.
4. Sox 5. Color or race 6.(a)Singly married, widowed, or divorced	MEDICAL CERTIFICATION
Mule W: Merried	77)
"The To xwitted	20. DATE OF DEATH. DEC 8 19 R6 21 11 F
6,(b) Name of husband or wife Servera Hall Remp	5. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Vegre C
7. Birth date of Tely 10 1885	and that I last saw h was alive on some \$ 18
deceased (mb., day, yr.)	Immediais cause of death
8. AGE: Years   Months U Days   If less than ons day	Coronon dumbres 30 mm
61 9 22hrs.	
B H hall	
9. Birthplace 10 allumore 111d	Due to Ormore delenis
(Town, eounty, and atate)	mone
1D. Usual occupation	
	Due to
11. Industry or business	
12. Name Clarence My gemp  13. Birthplace Many Revolution	Other conditions Wiffendenin Welsen
13. Birthotace Mary land	
	(Include pregnancy within 8 months of death)
14. Maiden name Olice Toby  15. Birthplace Massiland I	
me la d	Major findings of operations.
15. Birthplace Mary Cond	Date of op.
16. Interment Hein Hemp Mª Donald	M. Antopsy results
( me o's DI , Dx a B. J.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrest of a Mile (. J. 7 amp. 1) a consulta	22. VIOLENCE: It death was due to external causes, till in the following:
17 Cremation Date thereof Dec 119 194	
(Burial, eremation, or removal, Which?) (month) (day) (vear)	Accident, suicide, or homicide
El element lender	Whers did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Julianure, Mr. J	Injured at home, tarm, Industry, public place (where?)
	Mssns of Injury • Injured at work?
18. Funeral director Allen My Jan Con June	L
MA all hand	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address Chamapula Com	1 23 SIGNATURE Sease C / Down
DOD II UL TYPE DIAME	M.D. or other
19. TOLC 11 19 46	stear Address aucholes III Bate signed 12-10-

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH &

1		TT	133	
. 1	Reg.	Diat.	No	0

1. PLACE OF DEATH:	and a Country	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Anne An		State Maryland County Baltimore	City	
City or town Crownsville	Maryland wn limits, write RURAL and give nearest town)			
How long in above place of death?	3 mo 22 days	City or town (If outside city or town limits, write RURAL and give	nearest town)	
Hospital, Institution, or street address w	here death occurred:	Street No. 1903 Sapan St		
Crownsville	State Hospital	(If rural, give LOCATION)	,	
How long in hospital or Institution?	3 mo 22 days	2.(a) If veteran, name war	······································	
3. (a) FULL NAME		3. (b) Social Securi	ity Number	
	- WALTER    6.(a)Single, married, widowed, or divorced			
		MEDICAL CERTIFICATION		
Male Black	Widower	20. DATE OF DEATH December 24.	6 at 2:10 Am	
. (1) 11		21. I CERTIFY that death occurred on the date above stated; that I attended d	leceased from	
		August 22, 19 46, to Decemb	er 24 19 46.	
7. Birth date of	6.(c) It alive, give ageyears	and that I last saw h.imalive on .December 24,		
deceased (mo., day, yr.)	1070.	Immediate cause of death		
8. AGE: Years Months	Days If less than one day	Cerebral Arteriosclerosis	Known to	
70	hrsmin.		us since	
9. BirthplaceVirginia.	wn, county, and atate)	Due 1a	8/22/46	
1D. Usual occupation		Due to		
11. Industry or business				
12. Name		Dther conditions		
et 13. Biringiace		(Include pregnancy within 3 months of death)		
# 14. Maiden name		Major findings of operations		
14. Maiden name		Date of op		
	al Records	Autopsy results		
	sville, Maryland			
Address Crowns	20/ - 11	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Wi	Date thereof (month) (dat) (year)	Accident, suicide, or homicide		
,	Calvany Cen.	Where did injury occur?	(Ch. 4.)	
Cemetery or crematory	t. and		(State)	
Location CC	um (th)	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	new Lenders	Misans of Injury Injured at work?		
1. 04	Que to Sh	Ment Hay	Ed &	
Address /4/2	· Vrision /	23. SIGNATURE	D, or other	
19. Nec 26 19.4	6 U.W. Bedrich		12/24/46	

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# MARYLAND STATE DEPARTMENT OF HEALTH

· 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Arme Arundel City or town. Crownsville, Maryland City or town. (If outside eity or town limits, write RURAL and give nearest town) How long in above pisce of desth? 14 days. Hospital, institution, or street address where desth occurred: Crownsville State Hospital How long in hospital or institution? 14 days  3. (a) FULL NAME PERCY LONESOME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
	MEDICAL CERTIFICATION		
male black married	20. DATE OF DEATH December 4 19 46 3112:50 Au		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended discessed from November 20 18 46 to Dec. 4 19 46		
T. Birth date of deceased (mo., day, yr.)	and the lifest saw h im alive on December 3 19.46 Immedia; cause of death General Arteriosclerosis DURATION		
8. AGE: Yesrs Months Days It less than one day	known to us since 11/20/46		
B. Birthpisce	Dus to  Other conditions		
14. Melden neme Catherine Washington 15. Birthplace Virginia	Major findings of operations.  Date of up.		
18. Informent Hospital Records Address	Actopsy results		
buried    Date thereof Dec. 8, 1946   (Burial, cremation, or removal, Which?)   (month) (day) (year)    Cemetery or crematory Mount Zion	Accident, suicide, or homicide		
Location Baltimore County  18. Funeral director. Joseph A. Lively	Injured at home, farm, industry, public pisce (where?)  Mssns of injury  Injured at work?		
Address 661 W. Barre St.  Baltimore, Maryland  (Dyte rec'd by registrar)  19. (Dyte rec'd by registrar)	33. SIGNATURE M. D. or other Croonsville, Maryland Date signed 12/4/46		

DEC 10 1946
BUREAU V.S.

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4. Sex

MARYL	AND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore (N-2)



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CERTIFICAT	E OF DEATH Reg. Diat. No	200000000000000000000000000000000000000	
1. PLACE OF DEATH:  County Anne Ay 11 12 Ce  City or town Sever na Pay (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  About long in above place of death?  How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate	ndel	
3. (a) FULL NAME  Rose Halsey Lord  4. Sex 5. Color or race   6.(a) Single, married, widowed, or divorced	Lord 3. (b) Social Security 1	umber	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  Female White Sizzgle	MEDICAL CERTIFICATION  20. DATE OF DEATH	at 7 40 p m	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decear 19. 7 6, to Dec 2  and that I last saw h	19.7 6	
deceased (mo., day, yr.)  April 21, 1869  8. AGE: Years Months Days It less than one day	Immediate cause of death  arterios describe - cardio - vascular	DURATION	
9. Birthplace Brook 427 Nown, county, and state)	Due to.	20 7 4:	
10. Usual occupation. Retired  11. Industry or business	Due to	***************************************	
E 12. Name Herry y Edward Lard  13. Birthplace ) len 40 r/	Other conditions		
14. Malden name May 4 Alice 4 16 9/1 75  15. Birthplace Mash Ville, Terror	Major findings of operations		
16. Informant MR. NELSON J. MOLTER  Address SEVERNA PARK, MD	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged s	atistically.	
17 Bu 1 Q   Bate thereof De C 27 1946. (Burial, cremation, or removal. Which?)  Bate thereof De C 27 1946. (month) (day) (year)	22. VIOLENCE: It death was due to externat causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory Druid Kidge  Location Baltinore, Mc	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)		
18. Funeral director WM. J. T/c. 477CT & S.ONS.  Address BALTO. MD.	Means of Injury Injured at work?	0	
19. All: 27 19 46 Q 21. Hedrick (Date ree'd by regist 1) Registrar	M. D. o	other 1126/146	

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 370

# CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County awe armage	(For newborn infants give residence of mother)
City or town.	State County County
City or town	City or town
How long in above place of death?	City or town (If outside city or fown limits, write RURAL and giv nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma Elizabeth Forve	than for
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Widowed	20. DATE DF DEATH
B.(b) Name of husband or wife the Honey Zoury	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	194/ 10 Dac 18 1946
7. Birlh date of	and thet I last saw harmalive on 19.
deceased (mo., day, yr.)	Immediate capes of death
8. AGE: Years   Months   Days   If less than one day	Cha ha harde of death
76 10 16hrs. min.	
12-10- 1 Ct	
9. Birthplace	Due to.
a lind amount of the state of t	
1D, Usual occupation.	Due to
11. Industry or business	arter de la rolling
12. Name tangel solve favours	Other conditions
I 13. Birthplaca	
M. Mary Marier	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
E 15. Birthplace	Date of op.
18. informant Mar I. Webster Four from	Aronsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Dutable Date thereof 12/21/46	Accident, suicide, or homicide
(Burial, cremation, or remotal, Which (mostly (mostly (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Dessura MA	Injured at home, farm, Industry, public place (where?)
18. Funeral director WM. J. TICKNER & SONS INC.	Msans of Injury Injured at work?
	aah o L
Address Morth & Pa Aves, Balto, 17, Md.	23. SIGNATURE
12-20 146 ANHOLONG	M. D. prother
(Date rec'd by registrar) Registrar	Address Date signed 12,12,12,

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

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466.7	Reg.	D	3.7	000	65	,
65	Reg.	Diat.	No.			

1. PLACE OF DEATH:  County Anne Arundel County  City of fown Crownsyille, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long In above place of death?  Hospital, Institution, or street address where death occurred:  Crownsyille State Hospital  How long In hospital or Institution?  10 days			ryland  RAL end give neerest town)  Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State Maryland County Worcester County  City or town Rural, Stockton, Md. (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAM	MANUEL -	WALTER		3. (b) Social Security	Number	
4. Sex Male	5. Cotor or race Black	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. December 31., 19.46	a_ll:50Am	
6,(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended dec December 22, 19. 46 to December and that I last saw h. imallye nn December 31,	eased from r 31,919 46			
8. AGE: Yea		Days	ti less than one dayhrsmin.	Schizophrenia (Cataonic Excitemen	t) Known since	
9. BirthplaceMaryland (Town, county, and state)  10. Usual occupation?  11. Industry or business		Due to	Du 22,46			
12. Name			Other conditions			
16. Informant Hospital Records  Address Crownsville, Maryland  17. Burial Date thereof (month) (day) (year)  Cemetery or crematory Stockton Cemetery  Stockton, Md.  18. Funeral director Crisfield, Maryland  Address  19. 3 47 19. Capathage factoria.			yland Jan. 4, 1947 (month) (day) (year) netery	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. Signature  M. D. Address.  Date of op.  (County)  Injured at work?	d statistically.	

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Reg. Diat.	No. 2	2

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CERTIFICA	IE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For ny born infants give residence of mother)		
County	State Maryland County Lince Georges		
City or town. (If outside city or sown limits, write RURAL and give nearest town)			
How long In above place of death? One such	City or town (If outside city or town limits, write RURA and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 400 avenus B		
How long In hospital or Institution?	2.(a) If veteran, name war World War II		
3. (a) FULL NAME	(1) Mea. 3. (b) Social Security Number		
Sam melstone (SAMUE	ROSCOE MCGLONE 3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m W. Single	20. DATE OF DEATH Duember 22 19.46 at 10 P.		
6,(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	19 to		
7. Birth date of depeased (mo. day, yr.)	and that I last saw hallye on19		
appeared (med any) )	Immediate cause of death		
o. Aug.	accelental been Fin		
	·		
9. Birthplace Consumatty This (Town, county, and state)	Due to		
1D. Usual occupation. Seamen	Due to		
11. Industry or business Merchant Marine			
12. Name Samuel M. McBlone	Other conditions		
I 13. Birthplace Ku			
14. Maiden name maril Ellen Jownson	(Include pregnancy within 5 months of death)		
14. Maiden name Mary Ellen Journame  15. Birthplace  Ky	Major findings of operations.		
7 1 10 12:00	Antopsy results.		
10. (morman)	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 400 Chrome B. District Heights, ma	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicigate and the Date of the D		
Cemetery or cramatory Claur Hell Cemetery	Where did injury occur? (City or to win) (County) (State)		
Incating Gutland Rd SE, Wash. J.D. C.	Injured at home, farm, industry, public place (where?) Hornel		
18. Funeral director Lloyd Trainer Inc.	Means of Injury Tell Injured at work?		
Address 38/ Main Street, Laurel Marylan	I Gustone N. Pauler Mill		
19 Dec 2 4 1946 Plana Kaslufa	23. SIGNATURE M. D. or other		

Address Rle

A15 SA

19 (Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cort is especially important. Physicians: please write the causes of death clearly and legibly.

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# CEPTIFICATE OF DEATH

12576 -

1 . 1 . Charl	EPARTMENT OF HEALTH  os St., Baltimore  IE OF DEATH	12576 Reg. Dist. No. 27
1. PLACE OF DEATH:  County Anne Arundel  City or twn. Fort George G. Meade. Maryland  (If outside city or town limits, write KURAL and give nearest town)  How long in above place of death? 4 hours  Meapitat, institution, or street address where death occurred:  Dispensary "A", Fort George G. Meade, Md.  How long in hospital or institution? 4 hours	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n  State Maryland Coun City or town Aberdeen Proving (If ontside city or town limits,  Street No. 613 Base Unit, c/c (If rural, give I  2.(a) If veteran, name war	g Ground (U.S.Army) write RURAL and give nearest town) M/Sgt.Billy G. Mc LOCATION) / Lelland
3. (a) FULL NAME BABY BOY MCIELLAND		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced  Male White Infant		RTIFICATION  19 46 , 1300 F
6.(6) Name of bushand or wife	21. I CERTIFY that death occurred on the date above 25 December  and that I last saw h. imalive on 25 De Immediate cause of death	46 to 25 December 19 46 cember 19 46 ity DURATION
9. Birthplace Fort George G. Meade, Maryland (Town, county, and attate) 10. Hsoal occupation.  11. Industry or business	Due to	
12. Name M/Sgt Billy G. McIelland  13. Birthplace Waco, Texas  14. Malden name Mary Jo Leitch  15. Birthplace Stone Mountain, Georgia  16. Informant Medical Records, Station Hospital	Other conditions (Include programmy within 3 mm Major findings of operations.	۷
16. Informant Medical Records, Station Hospital Address Fort George G. Meade, Maryland  17. Build (Burlal, cremation, ur removal Which)  Cemetery or crematory Post Cemetery	Autopsy results.  PHYSICIAN: Please underline the cause to whit  22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ch death should be charged statistically. es, fill in the following;
18. Funeral director/occurred 1. Blight  Address 4914 Belain Roal Scattimore6.  19. 26 December 19. 46 Omano Mile.  (Date ree'd by registrar) BERNARD F. KERWIN. Capt. stegristrar	Injured at home, farm, lodustry, public place (whe Means of Injury  9. SIGNATURE Queel 7.  Address Fr. Geo. Mead.	

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1 DIACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HEHAL DECIDENCE (LICAME) OF DECEASED.

### CERTIFICATE OF DEATH

Reg. Diat. No. 27

City or town Fort George (If cotaide cits How long in above place of death? Hospital, institution, or street add Station Hospital How long in hospital or institution	ress where dea	eade. ts, write R		City or town Severn (If outside city or town limits Thompson Ave.	A. A. CO.  s. write RURAL and give uearest town)  LOCATION) Spanish American  Oldier World I
3. (a) FULL NAME			WILLIAM JOSE	PH MEKINS	3. (b) Social Security Number
4. Sex 5. Color of	or race	6.(a)Single	e, married, widowed, or divorced		ERTIFICATION
Male Wh	nite	Wi	dowed	20. DATE OF DEATH 20 Lecember	19 46 at 0024 A M
6.(b) Name of husband obcodes  7. Birth date of deceased (mo., day, y(.) - F		B.(c	mes. Mekinsyears	21. LCERTIFY that death occurred on the date abo  C.C	100 19000 19.46
8. AGE: Years Mon		Days	tf less than one day	Immediate cause of death	DORALION
76	10	2.	hrsmln.		
9. BirthplaceBaltimo  1D. Usual occupationReti  11. Industry or business			tate)	Due to	
13. Birthplace Dock.	Dorch ia, Smi	ester th	Co. Md.	Agrees results None performe	months of death)  Date of op.
Address 15 Sur  17	mit Av	Date there	Sols INC.	PHYSICIAN: Please underline the cause to wit  22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	hich death shoold be charged statistically.

JAN 1 1947 BUREAU 18

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-1)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mady & County G. G. Co.
(If outside city or town limits, write RURAL and give nearest town)	My land man and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Quarterfield Road.
Hard Lang In Association of Institution 9	(If rulal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Widowed	20. DATE OF DEATH Dec. 5 1946, at 3 A M
B,(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
e fol the allow ever and	1946, to Dec 3 1946
7. Birth daie of	and that I last saw harmalive on 19.46
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
.57 5 20hrsmin.	Cances of Medioslim 6 mo
9. Birthplace. Baltimore M.A.	Due to
10. Usual occupation. Plessurer Helper	
	Due to.
11. Industry or business  12. Name Derman C. Meyell	1 the state of the
	Diher conditions litriction of Bus.
13. Birthplace Phila. Ja.	(Include pregnancy within 8 months of death)
E 14. Maiden name Assaras Assaysel	Major findings of operations
X 15. Birthplace	
16. Informant Elinabeth a Scherer	Autopsy results
Address Glenburine Heights	PHYSICIAN: Please underline the cause to which death should he charged statistically.
D 12 1- 10/1	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory flew Hairung	Where did injury occur?
Location G. a. Co. Mid.	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Thysias & thursday	
Address / HMO Light Al!	Ball. J. Mi
12-4 46 Duffer	M, D, or other
(Date rec'd by registrar) Registrar	Address Date signed 3-3-4 6

2411 N. Charles St., Baltimore (37-2)

Reg. Diat. No. ..

		CERTIFIC	ALE OF DEATH	Reg. Di
1. PLACE OF DEATH:  County	Md near ity or town limit 7 3 Yes ddress where dea 5th. Paro	s, write RURAL and give nearest town) APS th occurred:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n  State Maryland Coun  Parole Md. nea.  (If outside city or town limits.  Street No. 2 First Street Parish Street P	Anne r Annapo write RURAL arole Mo
3. (a) FULL NAME  4. Sex   5. Column   5.	Jeune Prorrace	Moore  6.(a) Single, married, widowed, or divorced	- MEDICAL CE	3. (b) Social Nor
Female Col  6.(6) Name of husband or wife.	lored	Widowed	20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above	194
7. Birth date of deceased (mo., dsy, yr.)	Febuary	18, If less than one day	and that I last saw h	loe 7
8. AGE: Years  West R:	iver An	ne Arundel Co. Md	min. Cerebral Ofor	apy
10. Usual occupation	Dress Ma None		Due to.	erlege.
12. Name West		Anne Arundel Co. Md	Other conditions	onths of death)
14. Maiden name	nknown		Majur findings of operations.	Date
Address 2 Fir  Address 2 Fir  Burial  (Burial, cremation, or ren  Cemetery or crematory.  West  Location Mrs.  18. Funeral director.	novai Which?) rewer Hi Street A Charle	arole Md	Autopay results.  PHYSICIAN: Please underline the cause to wh  22. VIOLENCE: If death was due to external cause  Accident, suicide, or homicide.  Whers did injury occur?  (City or town)  Injured at home, farm, industry, public place (wh  Meens of injury  23. SIGNATURE.	ses, fill in the fol

State Maryland Cour	Anne Arundel
Parole Md. nea	[ ] occorrections of a contraction of the contracti
City or town. (If outside city or town limits.	write RURAL and give nearest town)
Street No 2 First Street P.	arole Md.
(If rurai give	LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
7	None
MEDICAL CE	RTIFICATION
20. DATE OF DEATH Seamles	19年
21. I CERTIFY that death occurred on the date about	e stated: that attended deceased from
15 Tanker 15	10 Dec 4, 1847
and that I last ssw h alive on	loc Ti 1. The
Immediate cause of death	OURATION
	A
Current Little	
Due to	0 1 5 9
arterist Ag	erlaw or a fall
Due to	
0.00	Schlan
Other conditions.	J 2997-5
(Include pregnancy within 8 n	nonths of death)
Majur findings of operations	
X	Date of op
Autupsy results	
PHYSICIAN: Please underline the cause tu wh	ich death shuuld be charged statistically.
22. VIOLENCE: If death was due to external cau	ses, fill in the following:
Accident, suicide, or homicide	Oate of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (wi	ere?)
Meens of Injury	mjured at work?

MARGIN RESERVED FOR BINDING

rect age

WITH UNFADING INK. Supply every item of information carefully. In important. Physicians: please write the causes of death clearly and legi

PLEASE WRITE PLAINLY, is especially SA

DEC 10 1945
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1-35

2411 N. Charles St., Baltimore 12220

IE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOM (For newborn infapts give reside State City or town	County Current (URAL and give nonrest town)
	il, give LOCATION)
2.(a) It veteran, name war	
rudd.	3. (b) Social Security Number

MEDICAL CERTIFICATION

now tong in itospital or institutions	
3. (a) FULL NAME Follow	esd f. n
Male while	6.(a)Single, married, widowed, or divorced
6.(b) Name of husband or wife.	nde V. Lasy
7. Birth dale of deceased (mo., day, year July 2)	8.(c) If alive, give age years
8. AGE: Years Months  TH	Days If less than one day
9. Birthplace Mahles (Fown, ex	ben july spate)
10. Usual occupation Julised	Olscenan
11. Industry or business  12. Hape	a mall
14. Malden name	11
18. Informant Kash- 15	Perelds =
Address	
17 (Burial, cremation, or removal, Which?)	Daie thereof (month) (day) (year)
Cemetery or crematory	will Dit "
Location	in Post of a
18. Funeral director	Story, ma
19. D 22 18. 46.	Marina Marina

20. DATE OF DEATH Dec- 22	19 46 91 / 57
21. I CERTIFY that death occurred on the date above stated; that	
and that I last saw h 15 alive on Dec 22	19 .5
Immediate cause of death from the presum.	DURATI School
Due to this concerneted herman	10 da
Due 10.	3 wh
Due to	
Other conditions askerios leson cardo	Vaemle 207
(include pregnancy within 8 months of death	
Major findings of operations wit Abota chain	lue to viscance

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County)

Injured at work?

Date signed 12/22/46

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?) .....

(City or town)

Accident, suicide, or homicide..... Where did injury occur? .....

Means of injury

(2)

PLAINLY, WITH UNI is especially important.

WRITE

PLEASE

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2411 N. Charles St., Baltimore

11742

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## CERTIFICATE OF DEATH

					Reg. Disc. No	***************************************
1. PLACE OF DE		- 1 - 1		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Anne Arundel						iel
City or town. Ferndale, Md. (Brooklyn RFD49) (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Three Years  Hospital, Institution, or street address where death occurred:		State Maryland County Anne Arundel City or town Ferndale, Md. Brooklyn RFD #9 (If outside city or town limits, write RURAL and give nearest town) Street No. 512 Old Annapolis Blvd. (If rural, give LOCATION)		rest town)		
How long in hospital o	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	E	Hen	ry D.Mueller		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	I Later La
Male	White	M	arried	20. DATE OF DEATH. December 2	20 146	, at 4 . 05 M
		8.(0	eller  Olf alive, give age 58 years  8,1867	21. I CERTIFY that death occurred on the date above the state of the date above the dat	re stated: that I attended decer	19 46
8. AGE: Years		Days	If less than one day	Immediate cause of death		DURATION
79	0	12	hrs. min.	Estorpueumon		Sdays.
10. Usual occupation	Farme	r ( r	er, Germany etired)	Due to	leuses	3
f2, Name	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		many			***************************************
w1	Unkno	wn		(Include pregnancy within 3 m		
	. Mina C	Muel	ler	Antopsy results.		
	ndale, Br			PHYSICIAN: Please underline the cause to whi		
17 Burial	or removal. Which?) St. Paul	Date there	December 23. (month) (day) (year) heren Church	Accident, suicide, or homicide	Date of	
f8. Funeral direct	Glomas a	J. Lin	of for (Fre)	Injured at home, farm, Industry, public place (who Meens of Injury	Injured at work?	wh.
19. Oec. 1	Glen Rur		more alla Registrar	23. SIGNATURE Succession Address Glen Burnie.		12/21/48



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sise especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF JEATH: Armsel County James Jambrills	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Empewborn infants give residence of mother)  State
City or town (If outside city or town limits, write KURAL and give nearest town)	City or town Gambrills, 1.0.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Inetitution, or street addrese where death occurred:	Street No. Crain Histoway
	(If rural, gits/LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3. (a) FULL NAME Kenton Lewis M.	ullenax
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mute married	Ner 4 1/ 845
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20. DATE OF DEATH
Mrs. Ollie H. Mullenar	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Dec. 2 1946 10 Dec. 4 1946
7. Birth date of Occurrence of the state of	and that I last saw h 1 M alive on Dec 4 19 46
deceased (mo., day, yr.) Dec. 10, 1945 1865	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
90 11 00	
80 // 25hre min.	Cerebral Hemorrhage 3 days
9. Birtholace Monterly Virginia	Due to.
(Town, county, and state)	1-+
10. Ueual occupation tames	Arterio- Delerous 10400
De la la renderal	Oue to
11. Industry or business general factors	
= 12. Name Newry Mullerax	Other conditions
3. Birthplace Circleville W. Ja.	
& Complette Callegion	(Include pregnancy within 3 months of death)
14. Maiden name Clisabeth Calhourn  15. Birthplace Dolg Run, W. Va.	Majur findings of operations
E 15. Birthplace Doly Cum, IV. a.	Date of op.
16. Informant Mrs. After Hevener,	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Addrese Lawbrills MG.	22. VIOLENCE: If death was due to external causee, fill in the following:
17 Burial Date thereof DEC 7 1946	
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baldwin McMotial	Where did injury occur?
SCHEYN Cross Roads Millersvillen	Anjured at home, farm, Industry, public place (where?)
Location District	
18. Funeral director chomas W. Dingaton	Meane of Injury Injured at work?
Gen 1 Austrie ml	Lett my last Mais
Addrese from New Wine 1110	23. SIGNATURE AND LANGUETT TO CO.
" Near 6 " 46 moreal la	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 12-3-46

DEC 10 1946
BURGAU V 8

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

1. PLACE OF DEATH:

How long in hospital or institution?. 3. (a) FULL NAME

4. Sex

8.(6) Name of husband

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.

10. Usual occupation..... 1t. Industry or business 12. Name ....

> 13. Birthplace 14. Maiden name 15. Birthniace

Address

(Burial, cremation, or removal. Which?)

8. AGE:

Hospital, Institution for street address where death occurred:

5. Color or race

673

WRITE

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Cemetery or crematury	(City or town)	(County)
Location Severna Fank	injured al home, larm, industry, public place (where	?)
J. B. Johnson	Means of Injury	injured at work?
18. Funeral director.	0 -	
Address / Cummaticular	Q harden	2
0 / 1	23. SIGNATURE DE MARATE	MoD
19 Dec. 28 1946 /1 _ 1/10/10/11/11	30 le sacche de 9	1 Tay Ann
(Date rec'd by registrar) Registrar	Address	Date signed

(If outside city or town limits, write RURAL and give nearest town)

Days

(Town, county, and state)

6.(a) Single, married, widowed, or divorced

6.(c) If alive, give age.

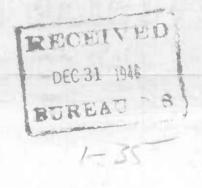
Date thereof Dac. 29

(month) (day) (year)

If less than one day

.hrs.

City or town (If optside city or town limits, write Street No.	Jack
(If rural, give LOCA 2.(a)   1 veteran, name war	
	(b) Social Security Number
els.	(0) Social Security Number
MEDICAL CERT	
2D. DATE OF DEATH. Wec. 216	19.46. 21 5.30
21. I CERTIFY that death occurred on the date above state CORONE 75-QASA	En BODY VIE
and that t last saw harmon A.T.	
Immediate cause of death. Chronic Mys.	DURATI
Chrosic My	cardele
Due 1 a	
Oue 10	
Dther conditions	***************************************
(Include pregnancy within 3 months	s of death)
Major findings of operations	
Antopsy results	eath should be charged statistically.
22. VIOLENCE: If death was due to external causes, fi	il in the following:
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
Injured al home, 1arm, industry, public place (where?)	
Means of Injury	injured at work?



2411 N. Charles St., Baltimore (50)

# CERTIFICATE OF DEATH

11745 Reg. Diat. No. 25

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. (If outside city or town Mmits, write RURAL and give nearest town)	State County
	City or town Clock ( Ly & V (
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
101-1 of Art	Streel Ho. 101 1st tobe
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Polelsiele	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W W	1-1- 111 50
	20. DATE DE DEATH 7 19. 46, 21. 3% 0 A M
B.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that aftended deceased from
0 (-) (4 -1)	12 1944, 10 Dec 1946
7. Birth date of	and that Flest saw h
deceased (mo., day, yr.) 10/18/190 ×	Immediate cause of death states DURATION
8. AGE: Years Month's Days If less than one day	D 410 11.
1 9nrsmin.	Read Yell
Dalla.	
\$. Birthplace (Town, county, and state).	Die 16
the me ande.	
19, Usual occupation	Due to
11. Industry or business	<b>/</b>
12. Name Shee Cheere	Other conditions prethintis
13. Birtholace	21-Me
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings af aperations.
E 15. Birthplace	Bate of on.
Hamilia	
16. Informant	Autopsy results
Address 101 /st	
17. Date thereof 12-10-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
The dollar	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director La Mi Coully	Means of Injury Injured at work?
15/ 0 1/2 1/6/	( ( ) 1. h. 9
Address 150 6. Trail age	23 SIGNATURE Summed Shills M.
10 Dec 9 116 Ada Su Sullations	M, D, or other
(Date rec'd by registrar)	Address 203 Valgedo a Date signed

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore



CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Ane Arundel	State MARISLAND County Anne Arundel
City or town Anna chis	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Defense Highway (If rural, give LOCATION)
How long in hospital or institution? 3. d.a.y.s.	2.(a) If veleran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Virginia Nichols	5. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Married	20. DATE OF DEATH
6.(b) Name of husband or wife J. Wilson Nichols	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dre. 18 1946, to Dre 21 1846
7. Birth date of deceased (mo., day. yr.) April 1, 1911	and that I last saw h. & decadive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION  Cardisturing failur
7 5 8hrsmin.	
8. Birthplace Lynchburg Na	Due to dance de hetation of muchas
(Town, county, and state)	
tO. Usual occupation	Due to
11. Industry or business	
12. Name	Ciher conditions
	(Include pregnancy within 8 months of death)
E 14. Malden name service vices	Major findings of operations 1) Itsangulatel humina
14. Malden name Value Viles 15. Birthplace Va.	2) Internal hemory Bale of op Dec 18 + 184
16. Intermant J. Wilson Hillors	Autopsy results
Address Comeobalis 9,70, 340	PHYSICIAN: Please underline the canae to which death abould be charged statistically.
17. Bunal Date thereof Date 244/94	22. VIGLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (menth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location At Muse and g 4 G Ma	Injured at home, farm, industry, public place (where?)
18. Funeral director July Jay Con June	Means of injury Injured at work?
Address Carriffel Mad	23 SIGNATURE Edward P. Ritchings M. D.
Dec. 23, 46 11 Tours	M. D. or other
(Dato rec'd by registrar) Registrar	Address the Address Date signed Deced 1 716
U	VVVVVV, v = 1.



CERTIFICATE	OF	DEATH

1. PLACE OF DEATH: Arendel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
County	State Maryland County ame armolel
City or town	City or town
How long in above place of death?	Street No. South gate We.
How long in hospital or institution?	(If rural, give OCATION) 2.(a) if veteran, name war
	ele Olyphant 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	20. DATE DE DEATH Drc 29 10.46 at 10 30 PM
8.(b) Name of husband or wife Salbat Olyphan	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of 11 1 P 4 4	yeers and that t last saw h. &r. alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day  1.02 5 18	min. Cartio Vaccular Faclure Dence Say
9. Birthplace Ollow, (Toffi, county, and staff)	Due to Janea arlingtelinose Pracos
16. Usual occupation	Due to. 4500
11. Industry or business	
12. Name Que has Jung Ville	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Chele alm Gregory  15. Birthplace Albany, 21. 4.	Major findings of operations.
18 Informant Mrs. John de Ruster Dans	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address South gate vive.	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Bale thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Ne 100 00 110	tnjured at home, farm, industry, public place (where?)
18. Funeral director. John M. Laylor + Son	Meens of Injury Injured at work?
Address annapolis, Mol,	1 23 SIGNATURE Olivery 1 was
10 Dec. 30 10 46 my Jonne	M. D. or other
(Date rec'd by registrar) Regis	strar Address / Lewap 100 MM Date signed 12/30/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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9-45-15M

VS A15



M. D. or other

. Date eigned ......

CERTIFICAT	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: A. A.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	P
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mod County Moulgan	ey Co
How long in above place of death? Since Sept. 18, 1946 Hospital, institution, or street address where death occurred:	City or town. Of outside city of town limits, write RURAL and give net	arest town) .
Crownwell State flaspitul Convincelle, kiel	Street No	
How long in hospital or institution? free Legal & 1946	2.(a) if veteran, name war	
3. (a) FULL NAMES dward Paluer	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Singlin, married, widowed, or divorced	MEDICAL CERTIFICATION	1,20.
mem	20. DATE OF DEATH Selection 1976	1 -A
6.(b) Name of husband or wife Praces Palmer	21. I CERTIFY that death occurred on the date above stated; that I attended dece	eased from
6.(c) If alive, give ageyears	and that I last saw h. Jose alive on D. L.C.	
7. Birth date of deceased (mo., day, yr.) 49 years about 2. 1897	Immediai, cause of death	OURATION
8. AGE: Years Months Days If less than one day		Known
hrsmin.	Garage T.	tores
9. Birthplace	Due to.	since
(Town, county, and atate)		Post 18, 41
10. Usual occupation. Chloris	Due to.	71
11. Industry or business	- Linking	
12. Name 12. Name 13. Birthplace William for US	Other combitteds.	***************************************
	(Include pregnancy within 3 months of death)	"
14. Maiden name	Major findings of operations	
Dand Nat revists	Autopsy results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Shate Humbal, Crowntly, Med	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Bdrial, cremation, or removal, Which?)  (Bdrial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory. Wash DC	Where did injury occur? (City or town) (County)	(State)
Location Janus	Injured at home, farm, Industry, public place (where?)	
18. Funeral director W Ernest Jarons Co	Meens of Injury Injured Work?	
Address 1432 From Str 9191, Wash DE.	Aland PANKER	4/2

Registrar Address.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

# CERTIFICATE OF DEATH

1174920/

	400
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Anne Arundel	
City or towa Owensville	State Maryland County Anne Arundel
City or town	()weneville
	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
I alam Parlan	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	none
	MEDICAL CERTIFICATION
male   colored   Widowed	20. DATE DE DEATH Dee 9 19 46 at 10 9. M
8.(b) Name of husband or wife. Jouist Brut	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Dec. 7 1946, 10 Dec. 9 1946
7. Birth date of deceased (mo., day, yr.) Dec. 15, 1886	and that I last saw h. inc. alive on Rele: 9 19.46
	Immediate cause of death
8. AGE: 5 Years   Months   Days   If less than one day	crongy themsobisis (?)
69 11 24hrsmin.	
9. Birthplace	
9. Birthplace	Due to.
10. Usual occupation Farm hand	
11. Industry or business Agriculture	Due to
12. Name John Parkul a. a. a. a. a.	Dther conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name OD MAN COUNTY	Major findings of operations
14. Maiden name Sofinfia Ciringl  15. Birthplace	Date of op.
Monio Ponkon	
16. Informant Owensville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Manicas	PRINCIAN: Please underline the cause to which death should be charged statistically.
Burial Dec.12,1946	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?)  Date thereol	Accident, suicide, or homicide
Cemetery or crematory Messes Clarace hapel	Where did injury occur?
Drung Md	
T.A. Hardesty & Son	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Galesville Md.	C · 1 11 · · ·
Address	23. SIGNATURE Louis A. Wism, M. D.
112 46 01.11. Janton	M. D. or other
(Date rec'd by registrar)	Address Lottican ma. Date signed 1/0/46

DEC 13 1946

Hospital Records Address Crownsville, Maryland

17. (Burial, cremation, or removal, Which?) Cemetery or crematory Arbutus Memorial Park Location Arbutus, Maryland

PLAII is espe

LEASE

18. Funeral director Miss Kate R. Williams

Address 322 N. Schroeder St., Balto., Md.

Crownsville, Maryland

Accident, suicide, or homicide......

Means of Injury ----

Registrar

Injured at home, farm, Industry, public place (where?)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

correct age

WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

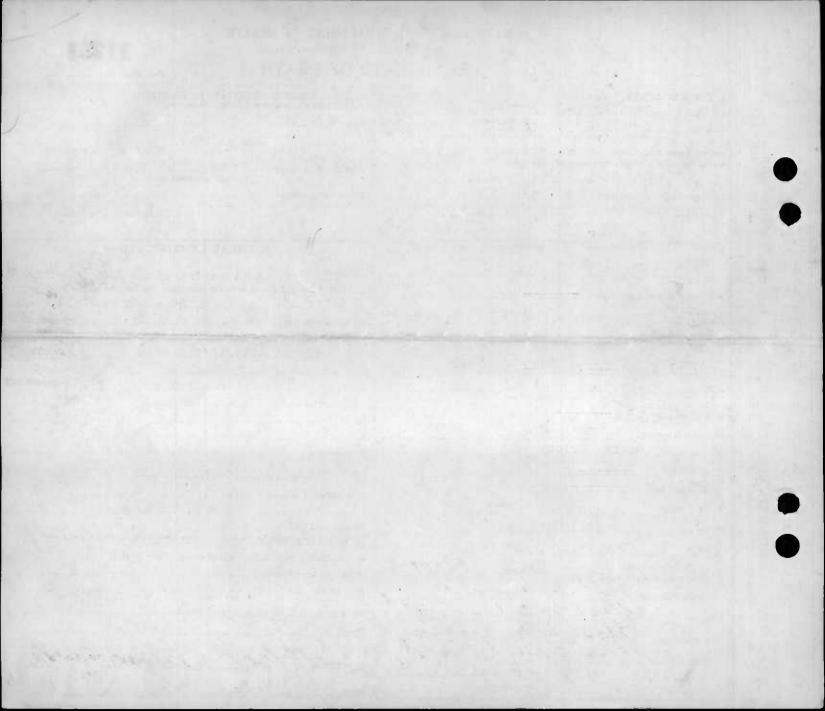
### 2411 N. Charles St., Daitimore

97)

1175180 Reg. Diat. No.

CERTIFICATE	OF	DEATH	RC

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Anne Arundel County	State Maryland County			
City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)	7-743 034			
How long in above place of death? 2 mo 9 days		earest town)		
Hospital, Institution, or street address where death occurred:	Street No. 718 Welmer Court	***************************************		
Crownsville State Hospital	(If rural, give LOCATION)	./		
How long in hospital or institution? 2 mo 9 days	2.(a) It veteran, name war			
3. (a) FULL NAME PRICE - LEE (Le Roy Pr	3. (b) Social Security	Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male Black ?	20. DATE OF DEATH December 31, 19 46	9:10 41		
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dec			
	October 23, 19 46, to Decembe	r 31,19 46		
7. Birth date of	and that I last saw h im alive on December 31,	1940		
deceased (mo., day, yr.)  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death	DURATION		
8. AGE: Years Months Days If less than one day 67 plus — min.	General Arteriosclerosis	Known since		
9. Birthplace Maryland (Town, county, and state)	Due to	oct-23, 46		
1D. Usual occupation.	Due to			
11. Industry or business  George Price				
12. Name George Price  13. Birthplace	Dther conditions	**		
	(Include pregnancy within 8 months of death)			
14. Maiden name	Major findings of operations			
E 15. Birthplace	Date of op			
16. Informant Hospital Records	Autopsy results			
Address Crownsville, Maryland	PHYSICIAN: Please noderline the cause to which death should be charged	I statistically.		
1-3-47	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide Date of			
Cemetery or crematory mt. auburn	Where did injury occur?	(State)		
Balto. Muurland	Injured at home, farm, Industry, public place (where?)			
Location 24 10	Msans of Injury tnjured at Jork?			
18. Funeral director Williams W. Juckson	The state of the s			
Address 916 Genna, aul, Balto,	Hen Things	C.S		
1-2 47 Anthalis		or other		
19	Address Crownsville, Maryland Date signed	12/31/46		



MARYLAND	STATE	DEPARTMENT	<b>OF</b>	HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	1	1	7	5	2			
eg.	Diat	. N	0	1	2	8	0	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
County Anne Arundel City or town Crownsville, Maryland (If outside eity or town limits, write RURAL and give nearest town)			and	State Maryland county Charles			
City or town(If o	outside eity or town l	imits, write i	RURAL and give nearest town)	Port Tobacco			
How long in above place	of death? 3 YY	s., 21	mo., 3 days	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or	street address where	e Hospi	ital	Street No.			
	3	vrs.	2 mo., 3 days	(If rural, give LOCATION)  2.(a) If veteran, name war.			
		J	Z				
3. (a) FULL NAMI		CORA PI	POCTOD	3. (b) Social Security Number			
4. Ser female	5. Color or race black	179	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Temate	DIACK	3.	Ingre	20. DATE DF DEATH December 18 19.46 at 1:15 a.			
241 41 - 41 - 4				21. I CERTIFY that death occurred on the date above stated; that t attended deceased from			
6,(0) Name of husband	OI WITE			" 0-1-1 75 12 0 76 14			
7. Birth date of		6,(	c) if alive, give ageyear	and that I last saw h er alive on Dec. 17			
deceased (mo., day, y	r.) unkno	wn to	us	Immediate cause of death lung tuberculosis DURATION			
8. AGE: Years		Days	tt less than one day	known to us since			
38	?	-	hrs min	10/15/43			
9 Righnians	unknown		atate)	Due to			
1D. Usual occupation	none			Oue to			
11. Industry or busines	3						
当 12. Name	John Proc	tor		Dther conditions Feeblemindedness known to us			
	narles Cou			since 10/15/13			
and the same of th			som	(Include pregnancy within 3 months of death)			
10	Maryla		V V V V V V V V V V V V V V V V V V V	Major indiags of operations			
				Date of op.			
16. Intermant	Hospital	Record	is	Actopsy results.			
Address	Crownsvi	lle g l	Maryland	PHYStCIAN: Please underline the cause to which death should be charged statistically.			
17 Bu	4:10	9-1- 11-	12/20/46	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation	, or removal. Which?	) pare men	reof	2. Accident, suicide, or homicide			
Cemetery or crematory Thomas			mas	Whara did injury occur?			
			ton mil	Injured at home, tarm, Industry, public place (where?)			
Location	0/	XI	V R.	Means of injury Injured at work			
18. Funeral director	yun	W >	Typan	Call Ashi (			
Address	Thala	lau	Vined,	LATER Structura			
12-18	· ch	57	Olare Local	23. SIGNATURE M. D. or other			
19	gistrar)	2,7	Registra	Charmarilla Wangland 12/18/16			



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-D

# CERTIFICATE OF DEATH

11753

Reg. Dist. No. 211

<u> </u>	
1. PLACE OF DEATH: A	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
County	/dd (1)
(If outside city or town limits, write RURAL and give nearest town)	State County
	City or town Wichard Weach
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural give LOCATIO)
How long in hospital or institution?	2.(a) If veteran, namo war. I seemed chuele can
3. (a) FULL NAME	3. (b) Social Security Number
Welliam D.	Thueth
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
al w M.	10 1-00 110 0.000
	20. DATE OF DEATH DECEMBER 20 19 46 , 21 3:00 A.
6.(b) Name of husband or wife Leva Afeys	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
	November 12 1946 to Ilse. 20 1946
7. Birth dato of years	and that I last saw h same alive on Blecombon 15 19 4 6
deceased (mo., day, yr.) flux . 18	
8. AGE: Years   Months   Days   If less than one day	Immediate caose of death
70 / 11 2 min.	
9. Birthplace Mary Law	Due to It your tensure landes - 10 yrs.
(Town, coonty, and state)	Masular Disease
1D. Usual occupation.	
	Duo ta
11. Industry or business	
12. Name Lucy (Lucy 13. Birthplace	Bther conditions
X 13. Birthplace	
<b>K</b>	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Date of op.
Hause	
16. Informant	PHYSICIAN: Please onderline the cause te which death should be charged statistically.
Address Dichaid Degel	
B. 12-23-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Wisch?)  Dete thereof (month) (days (year)	Accident, suicide, or homicide
VIII ONLANDO CO	Where did injury occur?
Cemetery or crematory	(City or town) (Coonty) (State)
Location Jousey	Injured at homo, farm, Industry, public place (where?)
Jule L'M Gaelle	Means of Injury Injured at work?
18. Funeral director	1 2
Address / 130 6. How the	A March to H
12/1/1 000 11/1 1	23. SIGNATURE M. D. or other
19. 721/46 19 Ulev redrich	11/7 12 161
(Date ret'd by pegistrar) Registrar	Address Marchael Leuch, Mid. Date signed 12120146

### CERTIFICATE OF DEATH

Reg. Dist. No. 210

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County English Rural	State Manufacto County Q CX
City or town	
How long in above place of death?	City or towa
Hospital, Institution, or street address where death occurred:	Street No. 12 Additional (Ifferent, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edward & Plewt	mes &
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DE DEATH Dec 4 19 46 21 12 2005
Searcie may Pawlings.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(b) Name of husband or wife Clary Co. St. By	lept 1 1846 10 lee 4 1966
7, Birth date of	and that I last saw h than alive on Oce 4 19
deceased (mo., day, yr.) april 24 - 1882	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carcinoma Homas Serus
64 7 min.	Nones
9. Birthplace	Due to
10. Usual occupation. O as prove tes	
11, Industry or business	Due 10
12. Name Welliam J. Mandengy D. 13. Birthplace On any Carry Carry	Other conditions arles Lleves mobile che
13. Birthplace mary days	(Include pregnancy within 3 months of death)
# 14. Maiden name Grand & Soulle	Major findings of operations
15. Birthplace mary lind	Date of op.
Garage Participa	Autopsy results.
6 Da Da Da Da State	PHYSICIAN: Please ouderline the cause to which death shoold he charged statistically.
Address bay Hudge Hoad & bullon	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Share I torren minerial	Where did injury occur?
Location of flague Bridge main Daniel	Injured at home, farm, industry, public place (where?)
10 2 3 (ma B - 30 C 450)	Means of Injury Injured at work?
Address Garage Constitution of the Constitutio	D23, SIGNATURE George C Boscil
Das M III TO COMM	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address aufilio 2001 Date signed 12.6-46

DEC 10 1946

2411 N. Charles St., Baltimore (97)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel				(For newborn infants give residence of mother)			
City or town. Crownsville, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospilal, Instillution, or street address where death occurred:  Crownsville State Hospital				State Maryland county Baltimore City  Baltimore  City or town (If outside city or town limits, write RURAL and give nearest town)  Streel No. 1019 Leadenhall Street  (If rural, give LOCATION)			
							How long in hospital o
3. (a) FULL NAM	E MARGARET	READ		3. (b) Social Security Number			
4. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	black		separated	20. DATE DE DEATH December 16 19.46 at 10:45a			
6.(b) Name of husband 7. Birth date of deceased (mo., day,	100	6.(	c) tf allve, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 15 1946 to Dec. 16 19 46 and that I last saw her alive no December 16 19 46 Immedia: cause of death. General arteriosclerosis DURATION			
8. AGE: Year	s Months	Days	If less than one day	known to us since 7/15/46			
ff. todustry or busines	35	-		Other conditions psychosis with cerebral arterioscle			
f3. Birthplace	Virginia			osis known to us since 7/15/46 (Include pregnancy within 3 months of denth)			
14. Maiden name f5. Birthplace	Hister Virgin	Dix ia		Major findings of operations			
16. Informant Hospital Records				Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Buried  (Burial, cremation, or removal. Which?)  Dale thereof. Dec. 20, 1946  (month) (day) (year)			meef Dec. 20, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Cemetery or crematory. Mount Cavalry				Where did injury occur?			
Location Anne Arundel County			County	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Walter B. Spriggs			iggs	Mssns of Injury Injured at work?			
Address 139 Hamburg St., Balto,, Md.				73. SIGNATURE SEAL IN THINK LOOK			
			MA Registrar	Crownsville, Maryland  Address  Date signed  M. D. of 2th 16/46			

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF is especially important.

PLEASE WRITE

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2411 N. Charles St., Baltimore (97)

# CERTIFICATE OF DEATH

BC

Reg. Dist. No. 58

1. PLACE OF DE County	Arundel  ownsville,  outside city or town i  out death? 3  street address where  sville Sta  r institution? 3  E	months, death occurred te Host	s, 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore City  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 1129 North Stricker St. (If rural, give LOCATION)  2.(a) It veteran, name war  3. (b) Social Security Number		
4. Sex female	5. Color or race	B.(a)Single	e, married, widowed, or divorced WidoW	MEDICAL CERTIFICATION	A	
6.(b) Name of husband or wife				20. DATE DF DEARCCEMBER 11 19. 46 at 4:30 A  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 9 1946 to Dec. 11 19. 46  and that I last saw her alive on Dec. 10 19. 46  Immedia: cause of death General arteriosclerosis DURATION		
8. AGE: Year 70		Days	If less than one dayhrsmin.	known to us since		
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation housework  11. Industry or business				Due to		
12. Name William Johnson 13. Birtholace Maryland 14. Malden name Annie Thomas 15. Birthplace Maryland				Other conditions Senile Psychosis known to us since 9/9/46  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
Address Crownsville, Maryland  17. Buried Date thereof Dec. 1/1, 19/46 (Burial, cremation, or removal, Which?)  Cemelery or crematory St. Peters  Location Baltimore City  18. Funeral director Mrs. Ida Bailey  Address 1/21 Jefferson St., Balto., Md.  19. Date rec'g'by registrar)  Registrar				Autopsy results		
			v	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In ecorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

Wha correct are

VS 151

BALTIMORE CITY			
CERTIFICA	TE OF	DEAT	H 1400

date of death is show on G 108-1/6/47

Registered No.

1. PLACE OF DEATH:  (a) Baltimore Chy, Maryland  (b) Street address lendurmie - Md.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	(a) State
3 (a) FULL NAME DOROTHY	Poss
3 (b) If veteran, name war  3 (c) Social Security Account No.  Sex  5. Color or race divorced.  6 (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife.	20. DATE OF DEATH Documber 19, 19 49 at 2 M  21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 7/1/1923 8. AGE: Years   Months   Days   If less than one day   1817   hr. min. 9. Birthplace   Balto (Town, county, and state)	to
11. Industry or business Morthomery Ward  12. Name Herocholl Pos  13. Birthplace  14. Maiden Name May Slimmore	Due to  Other Conditions  (Include pregnancy within 3 months of death)
16 (a) Informant	22. If an external cause was primary or contributing cause of death, fill in the following:  (a) Date of injury
	(a) Baltimore City, Maryland (b) Street address. (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  3 (a) FULL NAME  DOROTHY  3 (b) If veteran, name war  3 (c) Social Security Account No.  5 Sex  5. Color or race of (a) Single, married, widowed, or divorced.  5 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  19. Birthplace  10. Usual Occupation  11. Industry or business  11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  May Aliminor  (b) Address  17 (a) May Aliminor  (b) Address  18 (a) Funeral director  Cemetery or crematory.  Location  18 (a) Funeral director  (b) Address  19 (a)  19 (a)  Location  19 (a)  Location  19 (a)  Location  10 Address  10 Address  10 Address  11 Address  12 Address  Address

11758

1. PLACE OF DEATH:  County AND County City or town limits, write RURAL and give nearest town)  How long in above place of death?  City or town street address where death occurred:  County AND County AND County AND City or town limits, write RURAL and give nearest town)  City or town City or town limits, write RURAL and give nearest town)  State City or town City or town limits, write RURAL and give nearest town)  City or town City or town limits, write RURAL and give nearest town)  Street No. M.T. CAD NEAR LIPTON	CUNDEL
How long in hospital or institution? (If rural, give LOCATION)	SCOPNER
3. (a) FULL NAME WILLIAM CLEVELAND SHARP, SR. 3. (b) Social Security N	umber
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION  MARRIED  20. DATE DF DEATH	at
8.(b) Name of husband or wife ANNA SHARP (HAHN)  21. I CERTIFY that death occurred on the data poore stated: that I attended decease  8.(c) It alive, give age 5.7 years  7. Birth date of and that I tast saw h	ed from
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  62 Immediate cause of death  Immediate cause of death  One of the control of the c	DURATION - heres
9. Birthplace ANNE ARUNDEL Co (Town, county, and state)  10. Usual occupation. CRADER OPERATOR  11. Industry or business  Due to Checomic Sectembe Line  Naghants	le Rusia.
12. Name JOHN SHARP Diher conditions	•••••••••••
14. Maiden name MARY M. SAPINGTON  15. Birthplace ANNE ARUNDEL Co.  (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.	
16. Informant MAS DURUTH Y KINDER  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
17. BURIAL  (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)  Date thereof (month) (day) (year)	•••••••••••
Cemetery or crematory MEADUWRIDGE Where did injury occur? (City or town) (County)  Location NASHINGTON BLVD Injured at home, farm, Industry, public place (where?)	(State)
18. Funeral director. Soft F DENNY, INC. Moans of Injury Injured at work?  Address 7/5 4 647 57	
19. Let 28 19.46 M.D. or Address Leve Brewit Male signed 1.	121601

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

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PLEASE.

M: Elexunder

Dr. Olevander

There Wiellin

JAN 1- 1947
SURPATIVE

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

	Reg. Diat. NoX
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Many Gund County County
(If outside city or town limits, write RUKAL and give nearest town)  How long in above place of death?	City or town
How long In hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war
	andall 3. (b) Social Security Number
Mule W. Solor or race S.(a) Single, married, wildowed, or divorced Mule W.	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.46 31.3351
6.(b) Nams of husband or wife. Sertrude Word 5 under	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 32 1886	and that I last saw h. Mana alive on Drc 72 19.46
8. AGE: Years   Months   Days   It less than one day   19	Coracion Ocolusius 5 hrs
9. Birthplace 3 allieur 214. (Town, county, and state)	Due Clertio Vascular
10. Usual occupation	Due to Failure fully
12. Name James W. Sindall 13. Bipholee Baltimore 24d.	Other conditions
14. Marden name Mary B. Smuch 15. Birthplace Bullinson; Md.	Major findings of operations
18. Informan Mus J. Leo Sindall	Autopsy results
17. (Burlal, cremation, or remodal, Which) Dale thereof. A LC 26-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory of Mary	Where did injury occur?
18. Funeral director Alan My Jan Lon Son	Injured at home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Carmapoli 244.	23. SIGNATURE M. D. or other
19. Uec. 25. 19. 46. A T. Transl. Registrar	Address Acceptable and Date signed 12/22/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

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	WATT 14	. Charles D	u, Dar	111010	(1)-60
CER	TIF	ICATE	OF	DEA	TH

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			1	10
Reg.	Dist.	No.	 4.1	3.4

1. PLACE OF D	Annan a	Arunde		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County	Annenali	_	***************************************	State Maryland Cou	Anne Arur	ndel
City or town		City or town Annapolis (If outside city or town limits				
Hospital, institution or street address where death occurred: 54 Washington Street		Sireet No. 54 Washington Street (Ifrurel, give LOCATION)				
***************************************	or institution?		-	2.(a) It veteran, name war.		
			***************************************	Z.(S) II folder, name was		
3. (a) FULL NAI	Alexander	Sisco			3. (b) Social Security None	Number
4. Sex Male	5. Color or race Colored	6.(a)Single, Wido	married, widowed, or divorced	MEDICAL CI	PRTIFICATION 19.46	9:45P
			It alive, give ageyears	21. I CERTIFY that death occurred on the date about 19	46, 10 Dec. 1	0, 1946
7. Birth dats of deceased (mo., ds)	octobe	er 14,	1870			
	ars Months 1	Days 26	If less than one day	Immediaio cause of death  CArdiac fai	lora	OURATION 2 days
10. Usual occupation	Barber	eounty, and at	ate)	Disease  Due to	o-Vascular	
12. Name	lexander 51			Other conditions		***************************************
	Unknown: Annapolis Fannie Quee			(Include pregnancy within 3 i		
E 14. maiuen nam	Annanolia	Marular	rd	Major findings of operations		
≥ 1 15. Birthplace	Fammia Oraco		8 W.		Date of op	
16. Informant	4 Washingto	n Stree	t	Autopsy results	hich death should be charged	statistically.
Buri		Date there	12131946 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur? ((City or town)	Date of	
	t Street Ex		***************************************	(City or town) Injured at home, farm, industry, public place (w		
Location	Mrs. Cha		Hicker	Msans of Injury	Injured at work?	
	43-45 North			0 161.1	1. Johnson M. C.	1.
19. 12/12/	46 19registrar)	1	UUM. Registrar	24 10 14	16 M. D.	13/12/16

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARGIN RESERVED FOR BINDING



# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2300

# CERTIFICATE OF DEATH

Reg. Dist. No. 27

/Md.

1. PLACE OF DEATH:  County Anne Arundel  Fort George G. Mondo Monvilond				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	of mother)	
City or town Fort George G. Meade, Maryland (If outside city or town limits, write RURAL and give nearest towo)		4	Counly			
How tong In above pla Hospital, Institution, Station He	ce of dealh?or street address where	death occurren	rge G. Meade, Md.	City or town	ive LOCATION)	
3. (a) FULL NAI					3. (b) Social Security	Nomber
	LEONARD	L. SMI	TH		3. (0) Social Security	Manuel
4. Set	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Ma	rried	AN DOL	ember 1946	10:50 P
				20. DATE OF BEATH		
6.(b) Name of husban	d or wife		***************************************	Desember 24	19/6 10 Dec 3	24 . +6
7. Birth date of			c) If alive, give ageyears	and that I last saw h	ec. 24	1946
deceased (mo., day		1919		Immediate cause of death	<b>*</b>	BURATION
8. AGE: Yea	Nonths Months	Days	If less than one dayhrs,min.	Supdius &	emstrus	Hdayo
		county, and		Due to		***
10. Usual occupation	Soldier (	Tec 4,	RA 15 012 371)	Bue to	***************************************	011001001001000000000000
11. Industry or busine	ss Regular	Army		***************************************		***
12. Name				Other conditions		***************************************
8				(Include pregnancy within		
14. Maiden name 15. Girthplace	E			Major findings of operations		
21 15. Birthplace				5-450	Date of 00.	
16. Informant		·····		Autopsy results. Sub Glusa. PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
Address				22. VIOLENCE: II death was due to external		
Removal	on, or removai. Which?	Date then	eet 26 Dec. 1946	Accident, suicide, or homicide		
			ht Funeral Home	Where did injury occur?(City or town		
Location Bell	laire, Chic	Bli		Injured at home, tarm, industry, public place		
18. Funerat director.	Howard N.	Blight	Jr	Means of injury	Injured at work?	
Address 4914	Belair Roa	d, Bal	timore 6, Maryland		a B. Stewar	y un
	4	1	110011	23. SIGNATURE  Address Sta Hosp, Ft Geo	M. D.	or other
(Date rec'd hy i	26 December 19 46 Cmask Cum. (Date rec'd by registrar) BERNARD F. KERWIN, Capt., Registrar			Address de 1103p, Fo Geo	Date signed	KO DEC 40

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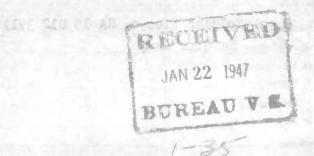
ALTERNATION OF THE STREET, NO. OF

Anne Transfer O. Beste, Maryland

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3401

# CERTIFICATE OF DEATH



11261 Reg. Dist. No. 20

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale
3. (a) FULL NAME	3. (b) Social Security Number
Class for done Spicker all.	
4. Sex   Color or race   6.(a/Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M A Lave	MEDICAL CERTIFICATION
Male white walrad.	20. BATE OF DEATH Dumber 22 19 & C at J PM
8.(b) Name of husband or wife Many Para Spickers 00	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dec. 12 19 46, 10 Occ. 22 19 46
7. Birth date of Service Servi	and that I last saw h single on Die . A/
Deceased (mo., day, yr.)	Immediato cause of death
0. 1102	glyma I han-
54mln.	
9. Sirthplace (Town, county, and state)	Due to
(Town, county, and state)	
10. Usual occupation. Can persona 7 Server.	Due to
11. Industry or business	
E 12. Hame Chas 9. Spiekraco.	Bither conditions
3. Birthplace Colored Cocasi.	
E 14. Maiden name Mario L. King.	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. 8irthplace Calocai C.	Date of op.
16. Informant Clean - Spietua Do VE.	Autopsy results
Address of fair bases.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/1.110	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Frais & Rab. Mo.	Where did injury occur?
for a al il Ma	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director N. H. Healehair	media or injury
Address Owiegs - Calocia Con Ma.	I de Heilen he o
12/23 11 2001-	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	1.71.



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1. PLACE OF DEATH:

County Anne

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



### CERTIFICATE OF DEATH

2 HISHAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)	
State MARY And County PANE ARUNDA	1
State MARY ANA County PANE ARUNDED  City or town EASTROCT  (If outside city or town limits, write RURAL and give nearest town)	
Street No. 518 SIXTh STreeT	
(If rural, give LOCATION)	
2.(a) If veteran, name war	

City or town. P. D. O. I.S. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Englogen C. C. Hospital  How long in hospital or institution?	State MARY ANA County FAME HRUNDS  City or town (If outside city or town limits, write RURAL and give nearest town)  Streel No. 518 SIXTA STREET  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME AgnES Franklin S	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White MARRIES	MEDICAL CERTIFICATION  20. DATE OF DEATH Lee 6 1946 21 11
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 46. to 18  and that I last saw her affive on 19  Immedia: cause of death  Due to 19  Due to 19  Differ conditions Cause Magniority 22  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant JPhN B. STEYENS  Address CAST PORT, Md.  17. BURIA! (Burial, cremation, or removal, Which?)  Cemetery or crematory Edwards Chape!  Location (NERE) Panapolic, Md.	Autopsy results
18. Funeral director John M. Taylon + Son	Means of Injury Injured at work?

Address

ARUNDEL COUNTY

23. SIGNATURE VENER ( Boul

M. D. or other

DURATION

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1. PLACE OF DEATH:

How long in above place of death?..... Hospital, institution, or street address where death occurred:

How long In hospital or Institution?.....

ormation carefully. The c death clearly and legibly.

information

BINDING

FOR

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State May Can a County Using Urneral
City or town (If outside city or town units, write RURAL and give nearest town)
1420 milet

(If rural, give LOCATION)

MEDICAL CERTIFICATION

3. (a) FULL NAME

(If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

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	C	ra	Der	
4, Sex	5. Color or race		rried, widowed, or divo	rced
Femal	Mule	XII	egle	
6.(b) Name of husi		6 (c).11	allye give age	years
7. Birth date of deceased (mo., t	lay, yr.) Sept	26 4	1874	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8. AGE:	Years Months		it less than one day	
	72 2	18	hrs.	mln.
9. Birthplace	100	, county, and state	ma	
1D. Usual occupat	siness		01-	,
12. Name			Teven	1
			Md	
当 14. Maiden n	me Mary	E. Hu	rdesty	
15. Birthplace	alver	T Co	ma o	
16. Informant	less not	ma 1	Uood	
1 -	m 011. 1	TA	11. 1 12. 1	T Tall

2D. DATE DF DEATH	/ 3	Dec	19.4.6	at 92 A
21. I CERTIFY that death occ		10 LL/ 10	178	2.0 10 4/
and that I last saw h.	allve on	1.7 Dec		19.4-6
Immediate cause of death	Coron	anyo	column	DURATION
and that I last saw h. e Immediate cause of death	icfa	lure		1 hour
Due to				***************************************
				***************************************
Due to		***************************************		***************************************
				******************
Dther conditiona				
(Include p	regnancy withir	3 months of de	ath)	

Major findings of operations.

Where did injury occur? ......(City or town)

Means of Injury

SA

important.

PLAINLY, is especially

WRITE

1B. Funeral director

Injured at work?

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Injured af home, farm, Industry, public place (where?) .....

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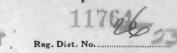
(Date rec'd by registrar)

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correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937



CERTIFICATE OF DEATH Anne Arundel 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Slate (If gutside city or town innits, How tong to above place of death?.. Hospital, instillution, or street address where death occurred: (If rural, give LOCATION) How tong in hospital or institution 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 7. Birth date of March deceased (mo., day, yr.) DURATION 8. AGE: t1. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) t4. Malden name PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death weedue to external causes, fill in the follows (City or town) (County) (State) Injured at home, farm, lodustry, public place (where?) injured at work? ens of Injury 18. Funeral director

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH



Reg. Dist. No. 28

				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)		
county Anne Arundel				State Maryland county Paltim or	e City	
City or town. Crown sville, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 9 mO., 27 da.		mO., 27 da.	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or	street address where	death occurred	l:	Street No. 815 Aisquith Street		
Crownsv	ille Stat	Hosp:	ital	(If rural, give LOCATION)		
How long in hospital or	Institution?	yr.,	9 mo., 27 da.	2.(a) If veteran, name war.	******	
3. (a) FULL NAME		TAYLO	R	3. (b) Social Security	Number	
4. Sex	5. Color or race	8.(a)Singi	e. married, widowed, or divorced	MEDICAL CERTIFICATION		
female	black		married	20. DATE OF DEATH. December 12 19.46	.a. 12:30A.m	
6.(b) Name of husband or wite William Taylor (deceased)			aylor (deceased)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15		
7. Birth date of		4. 19		and that I last saw her alive on	19.46	
deceased (mo., day, y	Months	Days	If less than one day	Immediate cause of death Lung Tuberculosis known to us sin	ce 12/8/46	
42	2 6	8	hrs,min.			
9. Birthplace				Due to		
		stic				
11. Industry or business				Other conditions Schizophrenia Catatonic T	vce	
12. Name				(Include pregnancy within 3 months of death)	ce 2/15/39	
14. Maiden name. 15. Birthplace				Major findings of operations.		
🗵 15. Birthplace				Date of op.		
16. Informant Hospital Records				Autopsy results		
Address	Crownsvil	ie, Ma		22. VIOLENCE: If death was due to external causes, till in the following:		
17. Date thereof. (month) (day) (year)  Cemetery or crematory. (day) (year)			(month) (day) (year)	Accident, suicide, or homicide		
Location Crownsville Md-			nud-	injured at home, farm, industry, public place (where?)		
Sa. bb.				Means of Injury Injured at work?		
Address			and,	Steel N Musto	1005	
12/20-46 E7/00 802			Hoya Eze	Crownsville, Maryland	or other 12/12/146	
19. (Date rec'd by registrar) Registrar			Registrar	Address		



# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Orinded	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mild County asset and
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John TisdAlE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male wave mor temm	20. DATE DF DEATH LLC 2 - 19 46, at 234. M
	21. I CERTIFY that death occurred on the date above stated; that I attended decogsed from
8.(b) Name of husband or wife	lee 1 176, 10 fle 2 1946
7. Birth date of Parties of Parti	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Days   If less than ooe day	Immediate cause of death
alet 79 min.	
aron /	
9. Birthplace (Town, county, and state)	Due to.
Leize may	Cha Muslum (1973)
10. Osual occupation	Duo to.
11. Industry or business	
当 12. Name	Other conditions
13. Birthplace	(Include pregnanty within 5 months of death)
E 14. Maiden name	Major findings of operations
15. Birlhplace	Date of op.
16. Informant There	Autopsy results.
Address Lamond	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: 11 death was due to external causes, till in the following:
17 Buttal Date thereof DA (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Ing Hull	Where did Injury occur?
Location Laurah and	Injured at home, farm, Industry, public place (where?)
p:100 0.01	Means of injury Injured at work?
18. Funeral director R. e. S. G. Land	5 - ( )
Address 401 Wood as paugh prof	23. SIGNATURE D 73 Korrow
2 Les 4 1946 Clara Caship	M. D. op other
(Date rec'd by registrar) Registrar	Address Dato signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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important.

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# CERTIFICATE OF DEATH

Reg. Diat. No. ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give realdence of mother)
County Anne Arundel	State Md. Couply A.A.A.
City or town Annapolis	
City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 3 Weeks	City or town
How long in above place of death?	
Hospital, Institution, or street address where death occurred: Emergency Hospital	Street No. (If rural, give LOCATION)
3 weeks	none
How long in hospital or institution?	2.(0) It reterall, Haine was
3.(a) FULL NAME Walter Tongue	3. (b) Social Security Number
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Colored Single	20. DATE DF DEATH December 4 19. 46 at 10.15
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	200. 1 1946 to Dec - 195
7. Birth date of Assection 1995	aed that I last saw h. d. san. alive on
7. Birth date of deceased (mo., day, yr.) Ang. 51, 1925	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
21 3 3 min.	
	0
9. Birthplace Harwood, A.A.Co. Md. Farm hand	Due to Inumua
1D. Usual occupation.	. Due to
11. Industry or business Farm	
Harwood. Md.	Other conditions
	(Include pregnancy within 3 months of death)
Hester Moulden  14. Maiden name Lothian, Md.	
14. Maiden name Lothian, Md.	Major findings of operations.
	- Date of op.
18. Informant Frank Tongue	Autopsy results
Sharyside, Md.	
	22. VIOLENCE: if death was due to external causes, till in the tollowing;
17 Burial (Burial, cremation, or removal. Which?)  Date thereof De 0. 8 1 946 (month) (day) (rear)	Accident, eulcide, or homicide
Daniel Ster	Where did injury occur?
Cemetery or crematory Daniel Star West River, Md	
Location	Injured at home, tarm, industry, public place (where?)
M3 4 FF 3 4 4 5	Means of injury injured at work?
18. Funeral director	
Address	23. SIGNATURE Limits M. D. or other
Qual 41 MA Total	
19. LC. 19. To Registrar)	Anddress Lattuan Date signed

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| BUREAT VR

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Rog.	Diat.	No.

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Injured at work?

.M. D. or other

CERTIFICAT	E OF DEATH	*******	
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street, address where nearth pocurred:  Dr. D. Survey of the property of the property of the policy of the property of the proper	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County		
3. (a) FULL NAME	3. (b) Social Security Number	-1	
Thelleam Ernet Lydengs		8	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Lingle:	MEDICAL CERTIFICATION  20. DATE OF DEATH December 26 19.46 at 11-	A.	
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Suly 14 - 1913	and that I last saw h alive on 19		
8. AGE: Years   Months   Days   If less than one day	acute pulmonasey	******	
9. Birthplace Washington D. C. (Town, county, and state)	Due to		
10. Usual occupation. Pulent makes.	Due to		
11. Industry or business			
12. Name Howard & y dengs.	Other conditions	******	
13. Birthplace Upper orderes, our .  14. Malden name trances brene Lucas.  15. Birthplace Waldsef - Ind.	(Include pregnancy within 3 months of death)  Major findings of operations		
9 15. Birthglace Waldorf - Ind.	major manage of operations		
1B. Informant Des . Handal J. Tydenyo. Address Pasadena Ded.	Autopsy results		
Address Passalers Pur .  17. Glade (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	***********	
Cemetery or crematory allumae Latineal	Where did injury occur?		

Injured et home, farm, Industry, public place (where?)

Means of Injury

Registrar

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING important. WRITE PLAINLY, is especially PLEASE

1B. Funeral directe

0 (Date pc'd by registrar)

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: stol, Anne Arundel, Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Brigtol	State Md.s. County A.A.A.		
(If outside city or town limits, write RURAL and give nearest town)  40 Years	Paintol		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, insiliution, or sireel address where death occurred:			
	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME			
Elina Waters	3. (b) Social Security Number		
4. Sex   5. Color of raco   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Widowed	20. DATE OF DEATH 4 Dec 1946, 21 5 p. M		
R (b) Name of bushand or wife Richard Waters	2f. I CERTIFY, that death occurred on the date above stated; that I attended deceased from		
B.(b) Name of husband or wife	2 July 19.45 to 4 Percentage 19.46		
7. Birth date of 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	and that I last saw here alive on I Recently 19.46		
deceased (mo., day, yr.) March 1, 1878			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
68 9 3min.	Sense dine cardin vorular		
9. Birthplace Maryland	Due 10.		
(Town, county, and state)			
10. Usual occupation Domestic			
ff. Industry or business Home	Due to		
The last and a second s			
12. Name	Other conditions		
	(Include pregnancy within 8 months of death)		
質 14. Maiden name Unknown			
14. Maiden name	Major findings of operations		
	Date of op.		
16. Informant Ella G. James	Autopsy results.		
Address 1913 Etting ST. Baltimore, Md.	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.		
Burial  (Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Moses	Where did injury occur?		
Drury, Md.			
Location	Injured al home, farm, Industry, public place (where?)		
18. Funeral director T.A. Hardesty & Son	Means of Injury Injured at work?		
18. Funeral director Galesville, Md.	· con		
Address ANA -	23. SIGNATURE THOREGOE WITH		
10 16 1046 11.11. ( laster	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Hulling town Md Date signed & Der Y 6		

DEC 10 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-0

# CERTIFICATE OF DEATH

	1	11	1	1 _	.,,
K	Reg.	Dist.	No.	-	

1. PLACE OF DEATH: ANNE Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County City or town FOY YEST GIEN Pasadema KFD	State Mary land county Anne Arundel
City or town	City or town FO TYES + GLEM (ASAGEMANT D) MA
Hospital, Institution, or street address where death occurred:	
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	liams. None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Single	20. DATE OF DEATH PECEMBEL 18 1946, at 650/M
B.(b) Name of husband or wife	21. I CERTIEF that death occurred on the date above stated; that I stended deceased (com-
7. Birth date of	11 21ch 1939 to Dec 1946
7. Birth date of deceased (mo., day, yr.) Tuly 4, 189.3	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate and of death DURATION
53 5 15hrsmin.	
9. Sirthplace (Town, county, and state)	Due to Blos chi hir 2 why
10. Usual occupation	Due to
11. Industry or business	
12. Name William M. Williams  13. Birthplace Calvert County Md.	Diher conditions the total of the second
	(Include pregnancy within 3 months of death)
14. Maiden name Mary A. Hayach  15. Birthplace Calvert County Md.	Major findings of operations
18. Informant Mr. Thomas Hayden Williams.	Autopsy results
Address POTYEST GYECH (Pasadena, R.F. D. Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof DEC. 21. 1946. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. New Cathedral	Where did injury occur?
Location Baltimore Ma	Injured at home, farm, industry, public place (where?)
18. Funeral director homas W. Dingleton	Meens of Injury Injured at work2
Address Glew Burnge, md	23. SIGNATURE T. a. C. C. C. S. Calo. Re. D.
19. A-19 19. 46 A.A. (Secondary)  (Date rec'd by registrar)	Address Dana, M. D. or other Date signed 12-19-41

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